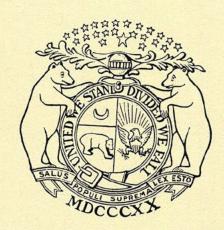
MO ECON.Ins2:" M46/985-87

ST. LOUIS COUNTY LIBRARY MISSOURL DEPOSITORY

NOV 8 1988

MEDICAL MALPRACTICE

IN MISSOURI 1945-1947



STATISTICAL SECTION DIVISION OF INSURANCE OCTOBER, 1988

TABLE OF CONTENTS

Summar	·y		Page
Table	I	Indemnity Paid for Each Defendant	1
Table	II	Claim Count & Loss Charts	11
Table	III	Time Summary from Incident to Report (Amounts Limited to \$100,000)	18
Table	IV	Time Summary from Incident to Report (No Limits on Amounts)	28
Table	v	Time Summary from Incident to Closure (Amounts Limited to \$100,000)	38
Table	VI ,	Time Summary from Incident to Closure (No Limits on Amounts)	48
Table	VII	Bodily Injury Claim Indemnity Comparison (By Time Lapse from Incident to Disposition)	58
Table	VIII	Bodily Injury Claim Indemnity Comparison (By Major Business Classification)	63
Table	IX	Company Indemnity Analysis (By Profession Specialty)	68
Tabl e	x	Company Indemnity Analsis (By Name of Company)	93
Table	XI .	Claim Dispositions	101
Table	XII	Financial Data in Market Share Order (Derived from Page 14 Supplement)	108
Table	XIII	Year to Year Changes Company Experience Charts	141

SUMMARY

Medical malpractice experience improved in 1987, with the reporting of a lower number of claims, smaller average indemnity, and a lower loss ratio.

There were 1,920 medical malpractice claims closed in 1987. This was down from the record 2,079 reported closed in 1986; however, it is still 22% more than the 1,571 closed in 1985.

The decline in number of claims affected the hospital and physician claim count proportionately so there was little change in the percentage of claims that fell under each of these categories. Physician claims were 50.7% of all closed claims reported for 1985, 49.8% for 1986 and 48.4% for 1987; hospital claims were 37.7% for 1985, 40.3% for 1986, and 40.6% for 1987. The percentage of claims closed without payment also remained stable over the three-year period: 61.2% for 1985, 67.4% for 1986, and 67.8% for 1987.

The average indemnity paid on medical malpractice claims declined between 1986 and 1987, falling nearly 22% from \$80,802 in 1986 to \$63,313 in 1987 for claims closed with payment. For all closed claims, including those closed without payment, the average indemnity fell 22.7% from \$26,351 in 1986 to \$20,379. 1985 average indemnity was \$63,878 for paid claims and \$24,803 for all claims.

Unlike the closed claim count, the average indemnity paid showed different experience for hospital and physician claims. In 1985, the average indemnity for a hospital-generated claim closed with payment was \$72,260. In 1986, this figure was \$104,913, and in 1987, average

indemnity was \$53,263. For all hospital-generated closed claims, including those closed without payment, average indemnity for 1985 was \$23,557, for 1986 \$27,167, and for 1987, \$14,749. Physician-generated claims did not show much change with paid claims average indemnity for 1987 being \$82,422, up only .1% of 1986 average indemnity of \$82,295. Average indemnity for all claims, including those closed without payment was down about 2%, from \$27,988 in 1986 to \$27,385 in 1987.

The fluctuations in average indemnity and claim count can be readily visualized from the graphs in Table II of the report.

As could be expected from the average indemnity figures given above, the number of "large" claims (those over \$100,000) have decreased from 144 in 1986 to 103 in 1987. There were 113 in 1985.

A new dimension has been added to the data shown in several of the tables for 1987. Senate Bill 663, which the legislature passed in 1986, required companies to begin reporting a breakdown between economic and non-economic losses for the amount of indemnity paid. Tables for 1987 which reflect this breakdown can be considered fairly reliable data; however, figures for economic/non-economic indemnity for the years 1985 and 1986 should be ignored because the data are incomplete. It would appear that on an average, economic and non-economic damages for claims closed with payment are virtually the same, \$31,331 for economic and \$31,979 for non-economic, and for all claims \$10,084 and \$10,293, respectively. Physician-generated claims showed slightly more money was paid out for economic losses (\$42,869) than non-economic losses (\$39,553) while for hospital-generated claims the opposite is true, with the non-economic damages being slightly higher than the economic (\$28,685 and \$24,629, respectively). It should be pointed out that these percentages may change as claims opened after the law became effective mature.

Table XI, "Claim Dispositions," shows a higher percentage of the claims are being subjected to court jurisdiction. In 1985, 21.1% of all claims closed in that year had been taken to court; in 1986 this figure was 27%, and in 1987, 41.5%. The average indemnity on claims disposed after going to court was higher than those settled, whether for the plaintiff or for all claims. "All Claims" are the total claims closed for the year whether for the plaintiff or for the defendant. Below are shown the comparisons:

	In Favor c	f Plaintiff	All	Claims
	Court	No Court	Court	No Court
1985	\$124,319	\$43,994	\$53,543	\$16,298
1986	\$148,920	\$50,656	\$55 , 215	\$15 , 684
1987	\$ 95,018	\$42,768	\$29,006	\$14,269

As was reported last year, self insurers are now required to report their medical malpractice insurance experience. In 1987, 21 self-insurers reported 150 claims closed, 30 of those with payment. This compares to 769 closed claims being reported by assessable mutual companies and 1,001 by traditional insurers. Closed with payment for assessables were 240 claims and for traditional insurers 348.

Information for this malpractice report comes from two sources: claims data submitted on individual claim forms to the division, and Supplement to Page 14 of the Annual Statement submitted by each insurer. Premium and loss data are shown in Table XII, with data being shown for total experience, physicians and surgeons, hospitals, dentists, nurses, and others. True loss ratios (losses incurred/premium earned) for medical malpractice experience in 1987 showed marked improvement over previous years. The loss ratio for the total malpractice business was 75.31%, based on premiums earned of \$92,404,278 and losses incurred of \$69,587,141. In 1986 and 1985, loss ratios were 97.76% and 122.80%, respectively. The

\$93,950,328, but still considerably higher than the 1985 figure of \$58,127,177. Losses incurred were down from both years. Losses incurred were \$91,841,912 for 1986 and \$71,382,689 for 1985.

The number of companies writing medical malpractice coverage grows smaller each year. In 1985, 57 companies reported writing some premium in the state, in 1986, 46 companies and in 1987, 43 companies reported premium written in Missouri. Total premium written in Missouri in 1987 was \$100,321,984.

As required by Senate Bill 663, now part of Chapter 383, RSMo 1986, the Division has begun collecting open claims data. All companies are required to report claims as they are opened. 1,693 claims were reported opened in 1987: 258 by self-insurers, 557 by assessable mutual companies, 866 by traditional companies, and 12 by a Missouri risk retention group. Studies are being made to determine how this open claims data can be made a part of future Missouri medical malpractice reports.

TABLE I

Indemnity Paid For Each Defendant

The following tables show the number of claims, the percent of the total count they represent cumulatively (adding all lower categories to the new category), the total indemnity paid and its cumulative percent, the average indemnity paid separated into economic and non-economic damages, and the average expense per defendant.

The average indemnity is calculated for specified paid claims only. The number of claims that had loss adjustment expenses in addition to indemnity are shown with the average adjustment expenses.

On the total line for all claims together the same categories are given, but the unspecified cases are deleted in computation of averages.

As a special feature of these tables a cut-off percentage is also given for the indemnity cases, which indicates the percent of the total indemnity (loss cost) that would be left for insurers to pay if all losses (by a statute of limitations) were limited to amounts less than and including that category.

A new feature of these tables is the indemnity paid separated by economic and non-economic damages. An economic damage is the amount of damages arising from pecuniary harm including, without limitation, medical damages, and those damages arising from loss wages and lost earning capacity. A non-economic damage is the amount of damages arising from non-pecuniary harm including, without limitation, paid, suffering, mental anguish, inconvenience, physical impairment, disfigurement, loss of capacity to enjoy life, and loss of consortium, but shall not include punitive damages.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1987 ALL CLAIMS

INDEMNITY PAID	AVG. MO.	NO CLAIM REPORTS	CUM %	INDEMNITY PAID	CUM %	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 6,000-6,999 7,000-7,999 8,000-8,999 10,000-19,999 20,000-29,999 30,000-39,999 40,000-49,999 50,000-59,999 70,000-79,999 80,000-89,999 100,000-19,999 200,000-19,999 100,000-19,999 100,000-19,999 100,000-19,999 100,000-19,999 100,000-19,999 100,000-19,999 100,000-19,999 100,000-19,999 100,000-19,999 100,000-19,999	411 4227 441 3365 441 447 4699 45555 1017 549 342 499 499 499 499 499 499 499 499 499 4	35 24 19 12 18 8 8 53 21 10 3	70.00 72.29 74.27 75.41 76.14 78.17 78.69 79.58 80.62 85.20 88.17 90.00 91.25 92.23 92.86 93.80 94.21 99.84 99.16 99.84	18,580 58,631 87,969 70,200 58,647 198,869 62,774 125,000 92,716 82,913 1,133,534 1,379,115 1,122,650 1,044,192 962,000 753,000 1,331,082 677,421 745,895 6,837,341 4,896,315 3,384,796 1,327,000 9,027,273 3,650,000 39,127,913	2.18 5.08 8.61 11.47 14.14 16.60 18.53 21.93 23.657 43.04 55.55 64.20 67.60 90.67 100.00	295 820 992 1,3401 2,737 3,054 3,781 1,551 5,551 5,247 9,025 14,327 15,487 26,403 24,562 26,860 48,027 54,963 80,586 195,833 385,933 385,933 10,084	147 512 1,269 1,844 2,361 3,222 3,571 6,861 5,633 15,169 17,748 28,020 24,228 38,187 47,088 36,468 61,209 152,571 142,614 250,000 308,433 10,293	2,314 3,190 4,189 5,099 6,277 7,352 8,428 9,212 12,895 32,075 43,508 50,631 62,750 73,949 84,677 93,236 129,006 233,157 338,479 442,340 694,340	3,073 4,919 3,635 2,553 3,098 7,188 6,118 5,379 6,816 15,437 9,333 18,983 9,070 11,697 16,379 16,379 15,843 18,816 27,571 22,980 9,225
TOTAL (PAID ONL	Y) 45	618	3	39,127,913		31,331	31,979	63,313	8,244

7

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1987 PHYSICIANS

INDEMNITY PAID	AVG. NO MO. REP	CLAIM ORTS	CUM%	INDEMNITY PAID	CUM%	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 6,000-6,999 7,000-7,999 8,000-8,999 10,000-19,999 20,000-29,999 30,000-39,999 40,000-49,999 70,000-79,999 80,000-89,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-299,999 100,000-299,999 100,000-299,999 1,000,000-1,999,999	50 434 66 37 419 47 47 47 47 46 47 47 46 47 47 47 47 47 47 47 47 47 47 47 47 47	621 631 115 465 455 465 431 201 625 795 30 930	66.77 67.41 68.81 70.10 70.64 71.07 72.79 73.33 73.76 74.40 74.94 79.78 85.59 87.74 89.89 91.72 92.25 98.27 98.21 99.67 100.00	3,479 17,000 28,000 17,000 16,980 81,850 31,774 29,500 50,250 45,563 566,792 852,187 600,920 869,880 711,000 373,000 888,332 421,588 465,692 4,960,284 4,371,315 1,647,061 1,327,000 3,442,226 3,650,000 25,468,673	.01 .08 .19 .25 .32 .646 .88 1.26 3.483 9.12.60 15.86 22.83 43.31 60.47 662.915 85.66	416 2,050 1,187 2,854 2,942 428 6,334 7,764 10,130 12,586 15,604 27,261 18,986 28,984 34,057 62,621 82,490 224,800 19,333 425,752	3,057 2,260 3,412 6,946 8,375 2,778 4,830 14,217 19,040 27,889 23,524 43,200	579 1,307 2,333 3,400 4,245 5,154 7,375 8,375 9,112 12,595 24,627 43,494 50,785 62,166 74,027 93,138 134,069 329,412 43,333 688,445 1,216,666 27,385	4,198 1,815 2,832 4,990 4,781 1,248 4,268 1,508 3,203 3,050 5,713 21,998 20,071 9,883 20,976 8,286 12,316 6,863 15,995 10,571 10,571 14,485 9,035
TOTAL (PAID ONLY)) 50	309		25,468,673		42,869	39,553	82,422	9,726

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1987 HOSPITALS

INDEMNITY PAID		NO CLAIM REPORTS	CUM%	INDEMNITY PAID	CUM%	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 7,000-7,999 8,000-8,999 10,000-19,999 20,000-29,999 40,000-39,999 40,000-49,999 50,000-59,999 70,000-79,999 80,000-89,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-399,999 100,000-399,999 100,000-399,999 100,000-399,999 100,000-999,999 100,000-999,999	318 2206 334 344 341 341 341 343 344 347 347 347 347 347 347 347 347	6 2 1 10 1 5 8	72.30 75.325 77.94 80.51 82.69 84.87 86.53 86.53 86.53 86.79 91.48 95.76 94.48 95.76 96.79 98.33 96.79 98.33 98.90	10,633 26,224 44,979 37,200 21,000 86,519 24,500 50,500 17,133 18,500 427,697 348,428 288,000 132,312 200,000 380,000 442,750 172,500 95,203 1,083,066 275,000 1,737,735 5,585,047 11,504,926	.09 .32 .71 1.03 1.216 2.62 2.77 2.63 6.64 72.18 13.33 15.06 18.37 22.21 23.54 33.96 36.35 51.45	275 761 1,132 1,380 1,592 2,121 3,306 5,533 3,6495 6,741 9,47 12,866 29,625 30,158 22,608 37,875 40,937 23,931 100,000 166,931 361,109 6,820	487 1,016 1,7607 2,967 2,818 1,680 4,924 2,755 6,218 13,981 17,812 31,237 20,375 33,175 31,183 48,375 54,266 84,375 175,000 180,616 337,021	462 1,248 2,248 3,100 4,200 5,089 6,125 7,214 8,566 9,250 12,960 23,228 32,000 44,104 50,000 63,333 73,791 86,250 95,203 108,306 275,547 698,130	18,055 5,975 8,238 9,497 6,618 16,639 8,175 18,233 13,990 14,827 18,171 19,050 27,565 28,289
TOTAL (PAID ONLY) 41	216		11,504,926		24,629	28,625	53,263	7,853

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1986 ALL CLAIMS

INDEMNITY PAID	AVG. MO.	NO CLAIM REPORTS	CUM %	INDEMNITY PAID	CUM %	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 6,000-6,999 7,000-7,999 8,000-8,999 10,000-19,999 20,000-29,999 30,000-39,999 40,000-49,999 50,000-59,999 70,000-79,999 80,000-89,999 100,000-199,999 200,000-299,999 100,000-299,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999	369 1277 372 333 430 440 388 445 443 449 624 443 360 571 477 389 389 389	48 28 24 31 13 17 7	76.23 77.29 78.98 79.242 80.664 81.065 881.465 86.93 89.95 91.260 92.707 98.668 99.99 98.95 98.95 99.90	27,531 66,173 79,826 135,364 93,413 178,333 38,535 178,040 42,863 72,450 1,013,852 1,130,699 942,194 1,051,543 1,595,551 832,725 1,246,000 569,351 651,427 8,469,000 9,830,022 2,306,022 3,638,148 7,400,814 8,408,462 4,785,655 54,783,993	. 735 1.1453 1.1453 1.656 11.656 12.150 12.150 12.150 13.556 13.5	77 167 316 507 507 1,197 1,183 887 1,003 5,578 4,680 8,202 6,048 8,461 22,904 11,428 15,857 38,963 42,746 32,142 56,250 22,298	35 258 252 636 397 833 756 1,612 756 1,65 2,249 4,800 4,062 10,403 1,923 7,565 11,428 24,464 27,300 41,357 17,857 55,815 118,231	458 1,378 2,280 3,301 4,245 6,422 7,418 8,572 9,056 13,556 33,649 43,814 51,055 73,235 93,061 132,328 223,431 454,768 672,801 1,057 2,392,827 26,351	2,299 660 1,373 5,444 2,584 3,201 3,385 2,144 3,019 2,131 2,376 4,5135 6,035 5,574 11,616 5,845 14,419 17,360 15,7743 12,459 17,775 45,070 66,034 4,347
TOTAL (PAID ONLY) 42	678		54,783,993		13,917	13,885	80,802	8,578

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1986 PHYSICIANS

INDEMNITY PAID		O CLAIM EPORTS	CUM%	INDEMNITY PAID	CUM%	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 6,000-6,999 7,000-7,999 8,000-9,999 10,000-19,999 20,000-29,999 30,000-39,999 70,000-79,999 80,000-89,999 100,000-199,999 200,000-299,999 100,000-299,999 300,000-299,999 100,000-499,999 100,000-499,999 100,000-499,999 100,000-499,999 100,000-499,999 100,000-999,999 100,000-999,999 100,000-999,999 100,000-999,999	48	1,035	65.99 67.99 68.50 70.33 72.27 73.04 75.07 76.61 77.10 80.22 83.86 85.60 88.01 88.98 90.62 91.01 95.36 98.45 99.32 99.61	28, 967, 894	.02 .07 .22 .45 .57 .96 1.37 1.508 4.72 6.73 9.44 13.88 16.08 19.87 20.43 21.75 41.49 65.85 77.82 85.67	120 215 368 870 846 1,775 781 674 2,275 5,791 7,764 7,222 3,500 11,000 24,958 23,750 35,318 40,234 56,250 90,000 81,761 4,813	1,375 2,031 1,575 3,826 5,458 3,882 1,944 10,820 2,500 4,574 24,062 29,751 47,164 31,250 89,304 245,283	6,342 7,406 8,750 9,667 13,766 34,246 43,683 51,380 63,874 73,066 82,175 95,106 127,097 216,129 324,502 461,804 757,992 1,037,500 27,988	4,536 6,906 5,451 5,804 9,757 5,225 13,434 5,488 16,297 14,902 18,820 27,985 8,158 15,568 4,879
TOTAL (PAID ONLY) 47	352		28,967,894		14,153	14,325	82,295	8,486

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1986 HOSPITALS

INDEMNITY PAID	AVG. NO MO. RE	CLAIM PORTS	CUM%	INDEMNITY PAID	CUM%	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE	23	621	74.10	12 025	0.5	6	30	500	1,653
1-999 1,000-1,999	19 31	26 20	77.20 79.59	13,025 27,104	. 05 . 17	6 200	30 72	500 1,355	756 1,684
2,000-2,999	35	11	80.90	26,076	.29	200	181	2.370	2,550
3,000-3,999	27	17	82.93	54, 125	.52	105	247	3,183	1,524
4,000-4,999	33	7	83.77	28,963	.65	571	585	4,137	3,792
5,000-5,999	37	13	85.32	65,848	.94	962	192	5,065	2,794
6,000-6,999 7,000-7,999	33 28	5	85.44 86.03	6,500 37,040	.97 1.13			6,500 7,408	5,379 2,650
8,000-8,999	30	3	86.39	26,113	1.25	1,672	1,261	8,704	3,275
9,000-9,999	54	ž	86.63	18,200	1.33	.,	.,	9,100	4,719
10,000-19,999	35	24	89.49	321,822	2.74	2,134	616	13,409	4,815
20,000-29,999	34	19	91.76	447,374	4.70	4,331	1,828	23,546	6,948
30,000-39,999 40,000-49,999	33 42	<i>1</i> 5	92.60 93.19	225,000 217,244	5.69 6.65	4,310 12,500	4,975 12,500	32,142 43.448	8,791 1,655
50,000-59,999	54	5	93.19	261,050	7.79	10,000	10,400	52,210	23,236
60,000-69,999	36	ź	94.03	133,134	8.38	,	,	66,567	11,954
70,000-79,999	68	1	94.15	75,000	8.71			75,000	26,947
80,000-89,999	42	4	94.63	320,000	10.11	20,000	20,000	80,000	3,589
90,000-99,999 100,000-199,999	24 75	3 14	94.98 96.65	271,000 2,019,701	11.30 20.18	5,333 43,165	25,000 16,956	90,333	21,661
200,000-199,999	56	9	97.73	2,263,888	30.12	60.371	17,777	144,264 251,543	20,246 19,811
300,000-399,999	49	3	98.09	1,008,012	34.55	00,011	.,,,,,	336,004	7.048
400,000-499,999	82	3	98.44	1,329,127	40.39			443,042	27,906
500,000-999,999	47	7	99.28	4,526,836	60.27		80,670	646,690	64,641
1,000,000-1,999,9		4	99.76	4,258,462	78.97	1 11/2 027	1 250 000	1,064,615	116,744
2,000,000-2,999,9 TOTAL	32 27	2 838	100.00	4,785,655 22,766,299	100.00	1,142,827 4,574	1,250,000 4,576	2,392,827 27,167	115,034 4,194
IVIAL	21	030		22,100,299		4,514	4,570	21,107	4,194
TOTAL (PAID ONLY)	38	217		22,766,299		17,663	17,671	104,913	11,465

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1985 ALL CLAIMS

INDEMNITY PAID	AVG. MO.	NO CLAIM REPORTS	CUM %	INDEMNITY PAID	CUM %	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999	34 20 29 38 32	961 65 41 48 25	61.17 65.30 67.91 70.97 72.56	29,362 52,245 112,572 81,333	.07 .20 .49	. 12		451 1,274 2,345 3,253	2,242 911 1,318 2,593 1,102
4,000-4,999 5,000-5,999 6,000-6,999 7,000-7,999 8,000-8,999	46 36 44 32 45	15 35 11 14 7	73.52 75.74 76.44	63,600 176,507 67,983 103,750 56,615	.87 1.32 1.49 1.76 1.90	57 45 1,159	85 500	4,240 5,043 6,180 7,410 8,087	3,542 3,225 831 1,907 5,235
9,000-9,999 10,000-19,999 20,000-29,999 30,000-39,999 40,000-49,999	47 44 48 45 54	.3 73 46 28 18	77.97 82.62 85.55 87.33 88.47	28,000 978,337 1,079,964 919,727 766,941	1.98 4.49 7.26 9.62 11.59	54 235	109 235	9,333 13,401 23,477 32,847 42,607	4,460 5,294 5,415 6,967 8,625
50,000-59,999 60,000-69,999 70,000-79,999 80,000-89,999	44 34 40 63 52	26 11 14 9 8	90.13 90.83	1,344,000 706,670 1,036,399 742,500 753,259	15.04 16.85 19.51 21.42 23.35	2,428	3,165	51,692 64,242	8,564 14,045 5,607 9,059 12,629
90,000-99,999 100,000-199,999 200,000-299,999 300,000-399,999 400,000-499,999	58 55 62 37 96	57 37 9 2 6	96.43 98.79 99.36 99.49	7,571,576 8,122,047 2,998,888 934,358 4,239,174	42.78 63.62 71.32 73.72	2,729	5,108	132,834	9, 194 12, 194
500,000-999,999 1,000,000-1,999, .5,000,000-5,999, TOTAL	9 28	1 1 1,571	99.93	1,000,000 5,000,000 38,965,807	87.16	102	165	1,000,000 5,000,000	
TOTAL (PAID ONLY) 42	610		38,965,807		264	427	63,878	5,720

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1985 PHYSICIANS

INDEMNITY PAID	AVG. NO MO. REP	CLAIM ORTS	CUM%	INDEMNITY PAID	CUM%	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	INDEMNITY DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 6,000-6,999 7,000-7,999 8,000-9,999 10,000-19,999 20,000-29,999 30,000-39,999 70,000-79,999 80,000-69,999 70,000-79,999 80,000-89,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-199,999 100,000-1999,999	45 352 353 551 552 552 552 552 552 552 552 552 552	477 964 981 16951 4086 1110 957 951 531 52	59.84 601.73 641.74 65.87 668.38 690.13 700.89 71.01 76.03 79.54 83.06 84.81 86.07 87.20 87.82 88.87 99.49 99.74	3,714 9,363 56,374 29,083 33,250 60,038 37,733 67,000 40,500 9,500 528,473 661,714 530,704 521,108 718,000 646,670 671,488 415,000 658,259 6,679,431 1,672,531 934,358 1,350,000 22,946,542	.01 .05 .42 .57 .83 1.029 1.46 1.51 3.81 9.28 14.40 17.22 20.15 21.96 24.83 53.94 82.75 99.01 100.00	386 3,777 56	386 4,924	412 1,560 2,348 3,231 4,156 5,003 6,284 8,100 9,500 13,612 23,613 23,6169 43,425 51,285 64,667 74,667 74,669 83,037 133,588 213,588 213,588 213,598 334,598 467,000 28,791	3,335 4,9703 2,758 2,758 6,57 5,837 1,0216 5,047 6,3702 9,470 8,9190 9,470 8,9190 15,449 5,363 12,854 11,573 15,718 18,022 4,922
TOTAL (PAID ONLY)	52	320		22,946,542		. 140	172	71,707	7,286

10

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE SUMMARY BY AMOUNT INDEMNITY PAID FOR EACH DEFENDANT CLAIMS CLOSED IN 1985 HOSPITALS

INDEMNITY PAID		NO CLAIM REPORTS	CUM%	INDEMNITY PAID	CUM%	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER DEFENDANT	AVG EXPENSE PER DEFENDANT
NONE 1-999 1,000-1,999 2,000-2,999 3,000-3,999 4,000-4,999 5,000-5,999 6,000-6,999 7,000-7,999 8,000-8,999 10,000-19,999 20,000-29,999 30,000-39,999 50,000-59,999 60,000-69,999 70,000-79,999 100,000-19,999 100,000-19,999 100,000-299,999 1,000,000-299,999 1,000,000-399,999 1,000,000-5,999,99 5,000,000-5,999,99	223 376 248 326 325 338 3373 353 3666 426 426	399 28 16 10 19 5 20 15 8 5 9 1 5 9 2 1 5 2 2 1 5 3 1 5 4 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	67.39 72.12 74.83 77.52 80.23 83.44 84.79 85.47 85.47 88.85 91.38 92.510 95.27 96.63 97.47 99.66 99.83 100.00	13,479 19,097 36,792 32,250 25,850 96,469 30,250 22,500 279,217 356,750 260,833 200,000 461,000 60,000 364,911 247,500 774,645 1,303,775 1,326,357 2,000,000 1,000,000 13,946,290	.09 .23 .49 .72 1.60 1.82 1.98 2.23 6.79 8.66 10.09 13.83 16.44 18.22 23.72 42.63 56.97 64.14	105 100 4,057 200 20,200	157 1,100 400 37,800	481 1,193 2,299 3,225 4,308 5,077 6,050 7,500 8,057 9,250 13,960 23,783 32,604 40,000 51,222 60,000 72,982 82,500 129,107 260,755 331,589 666,666 1,000,000 5,000,000	7,432 9,785 6,037 11,110 13,009 16,180 12,641 8,376
TOTAL (PAID ONLY)	34	193		13,946,290		599	1,064	72,260	4,683

TABLE II

Graphs for Claim Counts and Indemnity Amounts

We have in what follows a summary of a few of the significant variables found in Table I here presented as a longitudinal study across the five years for 1983 to 1987 in detail. The graphs show data for each year for the Physicians' Claims, Hospital Claims and All Claims. The category "All" includes dentists, nurses and other professionals so that "All" is always greater than the sum of Physicians and Hospitals which are the largest two subcomponents.

The order of the graphs are as follows:

- (1) Total Claim Count By Year, including claims closed without payment.
- (2) Total Claim Count By Year, excluding claims closed without payment.
- (3) Average Indemnity Paid By Year, including claims closed without payment.
- (4) Average Indemnity Paid By Year, excluding claims closed without payment.
- (5) Total Indemnity Paid By Year.

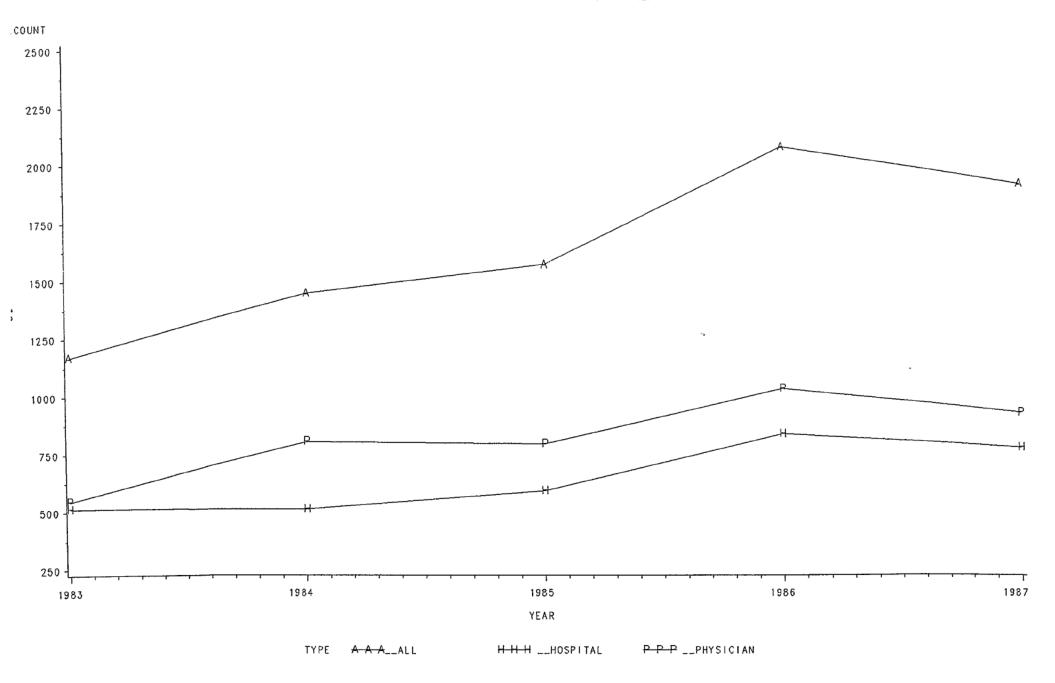
In the graphs the following applies:

- 'A' represents All Claims
- 'H' represents Hospital only Claims
- 'P' represents Physicians only Claims

A new graph has been added. During 1986, the profession codes were expanded to include a further breakdown of the profession of the insured. You will note the changes from 1986 to 1987. This graph is for closed paid claims by the profession type.

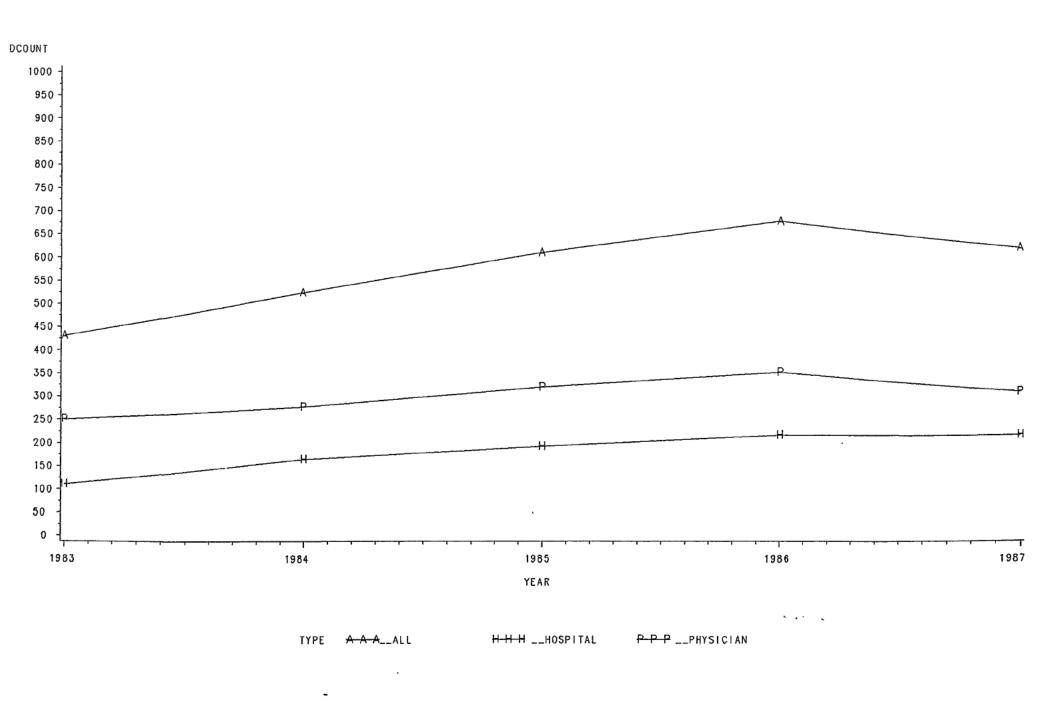
TOTAL CLAIM COUNT BY YEAR

INCLUDING CLAIMS CLOSED WITHOUT PAYMENT



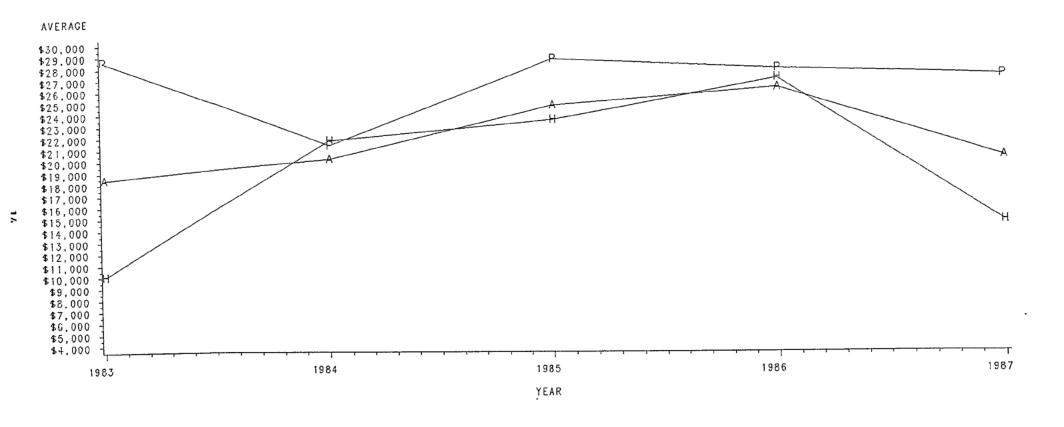
TOTAL CLAIM COUNT BY YEAR

EXCLUDING CLAIMS CLOSED WITHOUT PAYMENT



AVERAGE INDEMNITY PAID BY YEAR

INCLUDING CLAIMS CLOSED WITHOUT PAYMENT



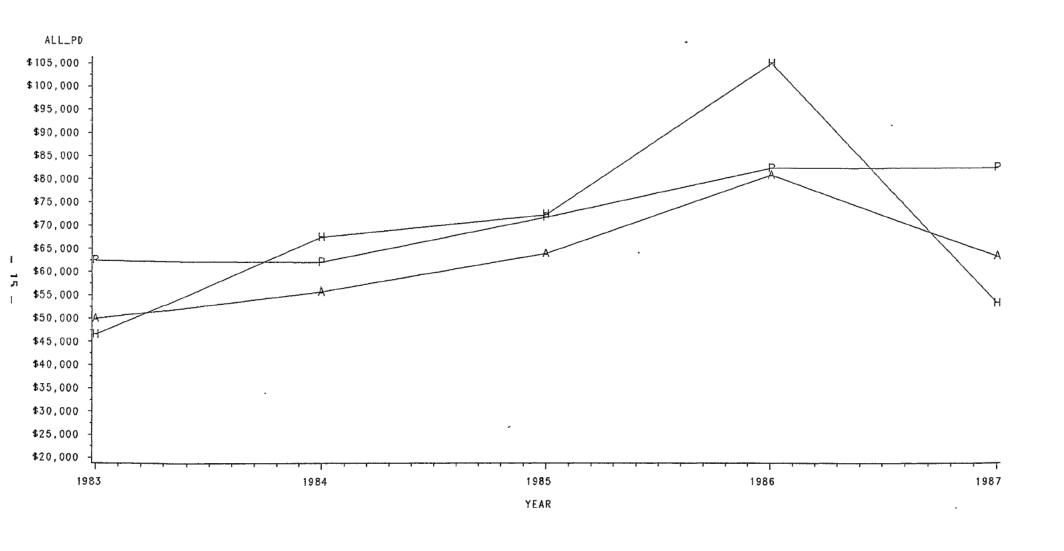
TYPE A A A_ALL

H-H-H __HOSPITAL

P-P-P __PHYSICIAN

AVERAGE INDEMNITY PAID BY YEAR

EXCLUDING CLAIMS CLOSED WITHOUT PAYMENT

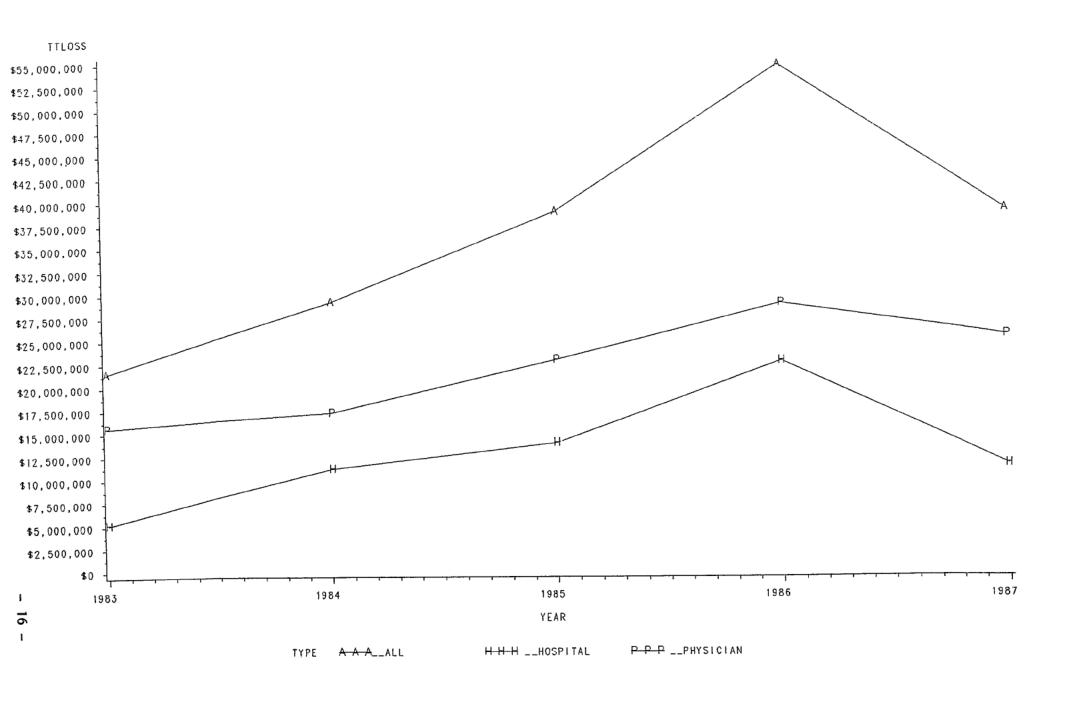


TYPE A A A__ALL

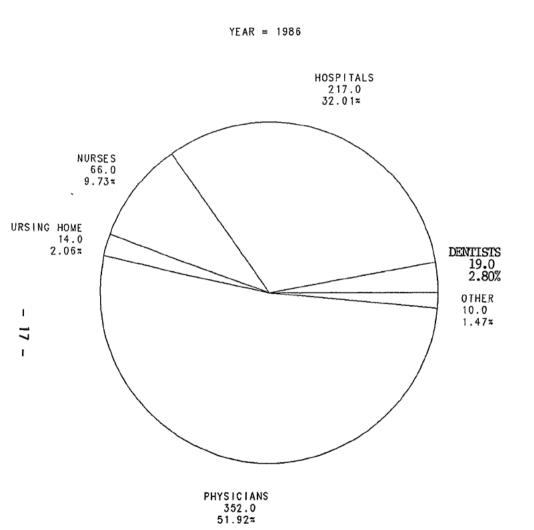
H H H __HOSPITAL

P-P-P __PHYSICIAN

TOTAL INDEMNITY PAID BY YEAR



CLOSED MEDICAL MALPRACTICE PAID CLAIMS BY PROFESSION CODE



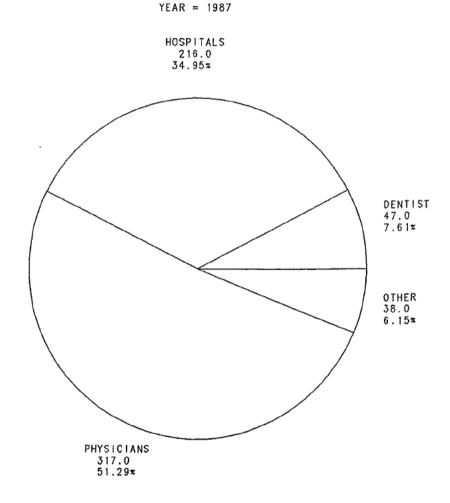


TABLE III

Time Summary from Incident to Report (Amounts Limited to \$100,000)

Table III is primarily a time study as are Tables IV, V and VI. Since all of these tables look quite similar, but represent different aspects of the same issue of time relationships, we shall list how they differ here.

Number	Limited to \$100 K	Time to Report or Closure?
Table II	Yes	Report
Table IV	No	Report
Table V	Yes	Closure
Table VI	No	Closure

Note that each table is followed immediately by a corresponding table expressed as percentages of the total instead of as counts. As an example, we shall look at all claims for 1987 summarizing the time from the date of incident to the date of first report to the relevant insurer.

We see that 634 of the incidents were reported within six months of the incident that caused the claim. Of these 634 only 198 were finally paid in 1987, although all were closed by definition. The total indemnity for the 634 reported, or 198 paid was \$6,229,240 (which in terms of paid only is an average loss of \$31,460.81). The allocated claim expense paid is the amount of loss adjustment expense paid to close the claim specifically. By specifically, we mean an actual amount tied to the claim and not a factor amount averaged out for all claims.

When we look at the same table in cumulative percentage format, we can see that 95% of the paid incidents were reported in five and one half years (66 months), but only 92% of the losses were in by then. This shows again that the larger losses take longer to be reported.

The limitation that if losses exceed \$100,000 they are set at \$100,000 is a statistical devise intended to normalize a positive skewed distribution, which is probably due to the heavy effect of large (slow) claims. The result of this statistical devise is to see how the claims would function as a normal distribution.

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1987 ALL CLAIMS

TIME IN	NO REPORTED	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
MONTHS 000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180	1NCIDENTS	198 91 83 106 81 9 2 3 3 2 4 6	6,229,240 2,495,899 2,852,493 4,040,371 2,240,495 367,533 82,500 252,807 12,850 157,928 104,155 125,000 133,750 62,667 25,000 180,000 100,000 275,000 567,500	1,898,507 1,197,836 1,313,021 2,501,256 1,347,137 184,494 109,041 74,448 63,816 15,327 24,725 3,725 56,320 153,788 17,458 14,054 49,810 1,003 7,650 129,537 157,165 5,262	
181-240 TOTAL	1,919	618	20,305,188	9,325,380	

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	33% 467% 577% 913% 913% 913% 914% 915% 917% 917% 918% 918% 918% 919%	34607%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	30%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	20%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1987 PHYSICIANS

~-~~~~~~~~~~~~~					
	ME IN NO OF REPO NTHS INCIDENT		O INDEMNITY PAID	ALLOCATED 1 CLAIM EXPNS PD	
000-	-006	165 64	2 020 1	01	
007-		126 42	3,232,4 1,553,9		
013-		115 47		62 789,766	
019-		250 76			
025-		150 48			
031-	-036	29	355,8		
037-	-042	17	67,50		
043-	-048	11 1	240,00		
049-	054	6 1	3,00		
055-	-060	15	129,00		
061-	.066	10 1	2,50		
067 -	·072	7	2,5	3,692	
073-	078	1 1	25,00	00 1,046	
079 -	·084	3 1	30,00		
085-	∙090	4 3	34,50		
091-	∙096	1	- ,, -	5,366	
097-		4 3	180,00	00 49,810	
103-		1		1,003	
115-		2 1	100,00		
121-		11 5	267,50		
181-		2		5,262	2
TOTAL	. 9	309	13,270,78	87 5,613, 093	

TIME IN NO OF REPORTED NO OF PAID INDEMNITY ALLOCATED MONTHS INCIDENTS INCIDENTS PAID CLAIM EXPNS PD	
	25
	2U
000-006 17% 20% 24% 15% 007-012 31% 34% 36% 29% 013-018 43% 49% 51% 43% 019-024 70% 74% 77% 73% 025-030 86% 89% 89% 87% 031-036 89% 91% 91% 89% 037-042 91% 92% 92% 90% 043-048 92% 94% 91% 91% 049-054 93% 94% 94% 91% 049-054 93% 94% 94% 91% 055-060 95% 95% 95% 92% 067-072 96% 95% 95% 92% 067-072 96% 95% 95% 92% 079-084 97% 96% 95% 95% 95% 091-096 97% 97% 95% 95% 95% 097-102 98% 98%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1987 HOSPITALS

TIME IN	NO OF REPORTED	NO OF PAID		INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 109-114 115-120 121-180	403 105 53 111 59 8 4 5 3 3 4 1 2 2 2 3 6	102 34 21 21 21 3 1 1 1 2 1 1 2 3 216	,	2,287,737 682,410 378,146 569,300 358,000 10,000 6,307 28,928 100,000 100,250 3,000 25,000 100,000 175,000 300,000 5,224,078	931,427 344,331 370,131 763,764 485,272 26,401 21,262 18,803 27,313 1,615 15,532 33 55,274 17,075 7,743 8,688 7,650 16,469 78,374 3,197,157	

 TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS	PD
 000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 109-114 115-120 121-180	51% 652% 86% 934% 95% 96% 977% 98% 98% 98% 98% 98% 990%			29% 391% 351% 750% 91% 922% 933% 945% 966% 977% 100	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 ALL CLAIMS

 TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 091-096 097-102 103-108 115-120 121-180 181-240	771 241 191 447 251 48 33 15 18 7 12 4 25 1 3 20 3	215 101 77 151 67 13 11 6 9 1 5 2 2 3 1 1 1	6,618,632 3,055,351 2,479,925 6,455,133 2,635,488 357,240 715,000 643,500 40,000 92,350 111,250 35,000 117,000 15,000 15,000 15,000 15,000	1,954,016: 1,038,534: 1,111,394 3,093,711 1,007,161 178,175 136,424 75,091 97,941 10,412 100,249 827 19,337 3,109 26,890 2,030 13,645 146,579 22,274	
OVER 240 TOTAL	2,078	677	24,345,870	9,037,799	

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 091-096 097-102 103-108 115-120 121-180	37% 48% 57%% 91%% 91%% 96%% 96%% 98%% 98%% 98%% 98%% 98%% 99%			213%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	
OVER 240	100%	100%	100%	100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 PHYSICIANS

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054	197 122 114 297 195 30 22 9	75 52 50 90 46 8 8 3 6	3,038,958 1,882,053 1,793,056 4,529,103 2,289,344 220,250 560,000 72,500 462,500	794,752 661,849 567,302 1,734,407 760,391 62,963 126,088 66,053 60,021	
055-060 061-066 067-072 073-078 079-084 097-102	1 6 1 1 3 2	2 1 1 1	52,100 100,000 15,000 100,000	80,133 37 16,269 2,276	
103-108 115-120 121-180 181-240 OVER 240 TOTAL	2 3 15 2 1 1,035	1 6 1 352	15,000 271,501 100,000 15,601,365	13,645 80,023 22,274 5,050,513	

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS	PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 097-102 103-108 115-120 121-180 181-240 OVER 240	19% 30% 41% 70% 89% 995% 995% 977% 977% 977% 98% 99% 100%	21% 36% 350% 881% 934% 996% 9977% 977% 977% 987% 100%	19% 3432%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	15% 28% 40% 74% 89% 90% 95% 97% 97% 97% 97% 100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060	492 92 55 120 42 10 6 3 4 5	101 29 19 43 12 3 2 1 1 2	2,900,649 975,061 565,250 1,409,774 137,394 81,490 145,000 25,000 180,000 40,000	1,027,786 325,141 442,526 1,257,806 215,785 82,781 7,677 2,331 37,920 10,412 16,200	
067-072 091-096 121-180 TOTAL	2 1 4 838	1 3 217	15,000 300,000 6,774,618	26,890 61,892 3,515,147	

TIME IN MONTHS INCIDENTS INCIDENTS PAID CLAIM EXPNS PD

000-006 58% 46% 42% 29% 007-012 69% 59% 57% 38% 013-018 76% 68% 65% 51% 019-024 90% 88% 86% 86% 025-030 95% 94% 88% 92% 031-036 96% 95% 89% 92% 031-036 96% 95% 89% 95% 95% 043-042 97% 96% 91% 95% 043-048 97% 96% 91% 95% 043-048 97% 96% 91% 95% 043-048 97% 96% 97% 94% 96% 055-060 98% 97% 94% 96% 95% 97% 061-066 99% 98% 95% 97% 061-066 99% 98% 95% 97% 061-096 99% 98% 95% 98% 121-180 100% 100% 100% 100%

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 ALL CLAIMS

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE
MONTHS		192 115 57 126 65 16 4 6	4,286,376 4,107,544 1,413,046 5,832,706 2,213,480 638,672 191,800 525,000 4,000 100,500 44,250 155,154 117,000 117,500 202,000 100,000	1,048,066 1,204,131 654,845 1,728,720 656,071 80,127 85,083 2,647 27,130 19,881 5,823 8,464 9,913 19,896 14,344 11,425 19,528 4,635
103-108 115-120 121-180 TOTAL	5 8 1,571	3 5 610	10,038 340,698 20,399,764	3,433 40,058 5,644,220

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
 000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090	36% 53% 62% 92% 94% 95% 96% 97% 97% 97% 97% 98%		21%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	18% 39% 51% 82% 93% 946% 967% 977% 977% 977% 98%	
091-096 097-102 103-108 115-120	98% 99% 99% 99%	97% 98% 98% 99%	96% 97% 98% 98%	98% 99% 99% 99%	
121-180	100%	100%	100%	100%	

MISSOUR! DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 PHYSICIANS

TIME IN MONTHS INCIDENTS INCIDENTS INCIDENTS INDEMNITY CLAIM EXPNS PD 000-006 148 58 2,054,208 547,965 007-012 142 60 2,890,479 785,116 013-018 80 24 1,041,967 479,688 019-024 222 91 4,843,623 1,368,100 025-030 122 47 1,717,330 467,335 031-036 26 11 587,422 65,921 037-042 12 2 190,000 69,056 043-048 6 2 190,000 27,130 055-060 4 02,000 16,303 061-066 2 1 1 4,000 337 067-072 1 1 1 100,000 7,872 073-078 4 3 44,250 9,913 079-084 3 3 3 155,154 19,896 085-090 5 3 117,000 14,344 091-096 5 4 117,500 11,425 097-102 2 2 2 200,000 15,062 103-108 1 1 100,000 4,635 115-120 4 3 10,038 3,433 121-180 1 TOTAL 797 320 14,697,971 3,922,850	 				
007-012 142 60 2,890,479 789,116 013-018 80 24 1,041,967 479,688 019-024 222 91 4,843,623 1,368,100 025-030 122 47 1,717,330 467,335 031-036 26 11 587,422 65,921 037-042 12 2 190,000 69,056 043-048 6 2,647 049-054 7 6 525,000 27,130 055-060 4 16,303 061-066 2 1 4,000 337 067-072 1 1 100,000 7,872 073-078 4 3 44,250 9,913 079-084 3 3 155,154 19,896 085-090 5 3 117,000 14,344 091-096 5 4 117,500 11,425 097-102 2 2 200,000 15,062 103-108 1 1 10,038 3,433 121-180 <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>					
043-048 6 2,647 049-054 7 6 525,000 27,130 055-060 4 16,303 061-066 2 1 4,000 337 067-072 1 1 100,000 7,872 073-078 4 3 44,250 9,913 079-084 3 3 155,154 19,896 085-090 5 3 117,000 14,344 091-096 5 4 117,500 11,425 097-102 2 2 200,000 15,062 103-108 1 1 100,000 4,635 115-120 4 3 10,038 3,433 121-180 1 2,672 2	007-012 013-018 019-024 025-030	142 80 222 122	60 24 91 47	2,890,479 1,041,967 4,843,623 1,717,330	789,116 479,688 1,368,100 467,335
061-066 2 1 4,000 337 067-072 1 1 100,000 7,872 073-078 4 3 44,250 9,913 079-084 3 3 155,154 19,896 085-090 5 3 117,000 14,344 091-096 5 4 117,500 11,425 097-102 2 2 200,000 15,062 103-108 1 1 100,000 4,635 115-120 4 3 10,038 3,433 121-180 1 2,672	037-042 043-048 049-054			190,000	69,056 2,647 27,130
085-090 5 3 117,000 14,344 091-096 5 4 117,500 11,425 097-102 2 2 200,000 15,062 103-108 1 1 100,000 4,635 115-120 4 3 10,038 3,433 121-180 1 2,672	061-066 067-072 073-078	4 2 1 4	1 1 3	100,000 44,250	337 7,872 9,913
115-120 4 3 10,038 3,433 121-180 1 2,672	085-090 091-096 097-102	3 5 2	3 3 4 2	117,000 117,500 200,000	14,344 11,425 15,062
	115-120 121-180	1 4 1 797	3 320	10,038	3,433 2,672

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PE)
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120 121-180	18%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	18%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	13%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	13% 34%% 46% 93%% 96%% 96%% 97%% 97%% 97%% 99%% 99%% 100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 HOSPITALS

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 055-060 061-066 067-072	349 86 38 64 28 9 3 3 2	94 38 17 26 9 3	2,029,832 866,176 280,455 780,500 198,800 43,750	421,765 249,339 116,554 325,105 129,745 13,274 9,539 3,578 5,486	
085-090 097-102 121-180 TOTAL	, 1 2 6 592	2 4 193	2,000 340,000 4,541,513	4,466 37,386 1,316,237	

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS	PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 055-060 061-066 067-072 085-090 097-102	58% 73%% 79%% 95%% 95% 97%% 98%% 98%% 98%%	48% 77% 90% 95% 96% 96% 96% 96% 100%	44% 69% 87% 912% 922% 922% 922% 920%	32% 59% 59% 94% 96% 96% 96% 96% 100%	

TABLE IV

Time Summary from Incident to Report (No Limits on Amounts)

*

These tables are identical to those preceding, except that the device of using a limit is ended so that we can see the full effect of all the claims at full value.

We see in the first example that 96% of the paid incidents were reported in 66 months as before, but that the total indemnity has increased from \$20,305,188 to \$39,127,913 due to dropping the limit of \$100,000.

- 29

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1987 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE
000-006	634	198	7,042,378	6,564,942	13,609,322	1,898,507
007-012	266	91	2,070,009	2,878,057	4,948,066	1,197,836
013-018	197	83	2,320,714	2,922,171	5,242,886	1,313,021
019-024	387	106	4,380,654	3,301,954	7,682,609	2,501,256
025-030	237	81	1,440,502	1,954,993	3,395,495	1,347,137
031-036	43	9	106,088	261,445	367,533	184,494
037-042	27	5	69,000	13,500	82,500	109,041
043-048	21	9	304,024	278,783	582,807	74,448
049-054	10	2	6,300	6,550	12,850	63,816
055-060	18	3	34,176	223,752	257,928	15,327
061-066	15	3	9,155	98,240	107,395	24,725
067-072	9				41:0.006	3,725
073-078	5	2	45,403	96,923	142,326	56,320
079-084	7	4	60,800	72,950	133,750	153,788
085-090	7	6	43,073	19,594	62,667	17,458
091-096	Łţ	1		25,000	25,000	14,054 49,810
097-102	4	3	130,000	100,000	230,000	1,002
103-108	1		40.000	22 222	100 000	1,003 7,650
109-114	2	1	10,000	90,000	100,000	129,537
115-120	. 5	3	820,167	225,000	1,045,167	157,165
121-180	18	8	470,299	629,314	1,099,612	5,262
181-240	2		10 060 710	10 7/2 1/0	20 127 012	9,325,380
TOTAL	1,919	618	19,362,742	19,763,168	39,127,913	9,022,000

 TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180	34779134457791389999999999999999999999999999999999	32%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	347919901111122222333700 888991111122222333700 1000	37%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	3470%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	203748%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

30

MISSOUR! DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1987 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006	165	64	4,948,185	3,317,597	8,265,782	852,105
007-012	126	42	1,141,061	1,422,401	2,563,462	789,762
13-018	115	47	1,812,151	2,382,838	4,194,990	827,566
019-024	250	76	3,673,935	2,852,995	6,526,931	1,658,886
025-030	150	48	755,231	1,147,348	1,902,579	762,830
031-036	29	7	98,588	257,278	355,866	146,464
037-042	17	3	62,500	5,000	67,500	66,054
043-048	11	4	295,000	275,000	570,000	51,645
049-054	6	1	3,000		3,000	36,503
055-060	15	2	26,248	202,752	229,000	13,712
061-066	10	1	_	2,500	2,500	7,037
067~072	7				,	3,692
073-078	1	1	5,113	19,887	25,000	1,046
079-084	3	1	10,000	20,000	30,000	135,055
085-090	4	3	34,563	ŕ	34,563	7,436
091-096	1		•		•	5,366
097~102	4	3	130,000	100,000	230,000	49,810
103-108	1		-			1,003
115-120	2	1	50,000	150,000	200,000	113,068
121-180	11	5	201,050	66,450	267,500	78,791
181-240	2	-	•	,	,	5,262
OTAL	930	309	13,246,625	12,222,046	25,468,673	5,613,093

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000 - 006 007 - 012	17% 31%	20% 34%	37% 45%	27% 38%	32% 42%	15% 29%	
013-018 019-024 025-030	43% 70% 86%	49% 74% 89%	59% 87% 93%	58% 81% 91%	58% 84% 92%	43% 73% 87%	
031 - 036 037 - 042	89% 91%	91% 92%	93% 94%	93% 93%	93% 93%	89% 90%	
043-048 049-054 055-060	92% 93% 95%	94% 94% 95%	96% 96% 96%	95% 95% 97%	95% 96% 96% 96%	91% 92% 92% 92%	
061 - 066 067 - 072	96% 96%	95% 95% 95%	96% 96% 96% 96% 96% 97%	97% 97% 97%	96% 96% 97%	92% 92%	
073-078 079-084 085-090	96% 97% 97%	96% 97%	96% 97%	97% 97%	97% 97%	92% 92% 95% 95%	
091-096 097-102 103-108	97% 98% 98%	97% 98% 98%	97% 98% 98%	97% 98% 98%	97% 98% 98% 98%	95% 96% 96%	
115-120 121-180	98% 99%	98% 100%	98% 100%	99% 100%	100%	98% 99%	
181-240	100%	100%	100%	100%	100%	100%	

3

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1987 HOSPITALS

TIME IN MONTHS	NO OF REPORTED NO INCIDENTS	O OF PAID NCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024	403 105 53 111	102 34 21 21	1,765,757 843,321 296,665 663,983	2,617,192 1,281,756 293,981 410,940	4,384,950 2,125,077 590,646 1,074,923	931,427 344,331 370,131 763,764
025-030 031 - 036	59 8	21	583,435 5,000	574,565 5,000	1,158,000	485,272 26,401 21,262
037-042 043-048 049-054	5 3	3	4,524	1,783 21,000	6,307 28,928	18,803 27,313 1,615
055-060 061 - 066 067-072	3 4 1	1	7,928 7,500	95,740	103,240	15,532 33 55,274
073-078 079-084 085-090	3 1	2 1	40,290 50,800 1,290	77,036 49,450 1,710 25,000	100,250 3,000 25,000	17,075 7,743 8,688
091-096 109-114 115-120	2 3	1 2 3	10,000 770,167 269,249	90,000 75,000 562,864	100,000 845,167 832,112	7,650 16,469 78,374
121-180 TOTAL	779	216	5,319,909	6,183,017	11,504,926	3,197,157

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 109-114 115-120	56263%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	33%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	42% 67% 6743% 83% 833% 833% 845,5% 87% 87% 87% 87% 890% 100%	38878888888888888888888888888888888888	29% 39% 51% 75% 90% 91% 92% 93% 94% 95% 96% 96% 96% 97% 100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 ALL CLAIMS

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	ECONOMIC DAMAGE		NON-ECONOMIC DAMAGE		EMNITY AID	PAID ALLOCATED CLAIM EXPENSE
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 091-096 097-102 103-108 115-120 121-180	771 241 191 447 251 48 33 15 18 7 12 4 2 5 1 3 20 3	215 101 77 151 67 13 11 6 9 1 52 2 3 1 1 1 9	1,43 1,82 2,326 1,80 420 52 40 6	7,997 6,990	1,679,169 1,219,891 1,737,373 3,062,704 768,467 200,000 244,705 236,750 20,702 15,000 105,177		16,662,102 4,973,181 6,281,955 15,355,717 6,705,130 457,240 1,265,359 185,000 1,094,500 40,000 92,350 211,250 35,000 165,136 15,000 100,000 15,000 992,823 133,750	1,954,016 1,038,534 1,111,394 3,093,711 1,007,161 178,175 136,424 75,091 97,941 10,412 100,249 827 19,337 3,109 26,890 2,030 13,645 146,579 22,274
OVER 240 TOTAL	2,078	677	9,430	6,056	9,414,09	99	54,783,993	9,037,799
	TIME IN MONTHS	NO REPORTED INCIDENTS	NO PÀID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE)
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 091-096 097-102 103-108 115-120 121-180 181-240 OVER 240	378%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	16%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	138% 472% 916% 917% 917% 917% 917% 917% 9100% 100%	17% 30% 49% 819% 8924% 9977% 977% 977% 988% 988% 988 988 988 100% 100%	390%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	21% 33% 45% 790% 992 995 997 977% 977% 997% 900% 100%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT

CLAIMS CLOSED IN 1986 PHYSICIANS

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOMIC DAMAGE		ON-ECONOMIC DAMAGE	PA	ID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048	197 122 114 297 195 30 22 9	75 52 50 90 46 8 8 3 6	859, 326, 1,040, 1,508, 397,	357 845 890 996 559 5500 795 500 750	471,574 975,232 664,373 1,465,804 754,234 200,000 222,205		7,107,916 3,141,435 2,388,056 7,076,603 6,208,147 320,250 860,000 72,500	794,752 661,849 567,302 1,734,407 760,391 62,963 126,088 66,053 60,021
055-060 061-066 067-072 073-078 079-084	. 1 1 1 3	2 1 1 1	42,	,959	2,100 · 105,177		52,100 200,000 15,000 148,136	80,133 37 16,269 2,276
097-102 103-108 115-120 121-180 181-240	ž 2 3 15 2	1 - 1 6 1	100	,000	25,000)	100,000 15,000 271,501 133,750	2,030 13,645 80,023 22,274
OVER 240 TOTAL	1 1,035	352	4,982	,151	5,042,449	,	28,967,894	5,050,513
	TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS	PD
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 097-102 103-108 115-120 121-180 181-240 0VER 240	19% 30% 41% 709% 8924% 995% 997% 997% 997% 997% 999%	21%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	13% 37% 58% 88% 967% 97% 97% 97% 97% 100% 100%	9% 28% 41% 705% 859% 894% 977% 977% 977% 999% 1000%	4%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	15% 28% 40%% 40%% 903%% 903% 903% 903% 903% 900% 900%	

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1986 HOSPITALS

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060	492 92 55 120 42 10 6 3 4 5	101 29 19 43 12 3 2 1 2	432,810 404,940 1,357,200 1,235,586 225,839 22,500	804,168 239,658 1,066,800 1,522,500 22,500 80,000	8,029,161 1,598,509 3,732,250 7,628,975 263,233 81,490 395,359 25,000 236,000 40,000	1,027,786 325,141 442,526 1,257,806 215,785 82,781 7,677 2,331 37,920 10,412 16,200
067-072 091-096 121-180 TOTAL	2 1 4 838	1 3 217	15,000 99,161 3,833,036	99,161 3,834,787	15,000 721,322 22,766,299	26,890 61,892 3,515,147

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	·
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 091-096 121-180	58% 69% 76% 90% 95% 96% 97% 98% 98% 99% 99%	46%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	11% 21% 579% 955% 955% 977% 977% 977%	20% 207% 207% 2075 2075 2075 2075 2075 2075 2075 2075	352%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	29% 38% 51% 86% 92% 95% 95% 96% 97% 97% 98%	

## MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 ALL CLAIMS

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE
000-006	580	192	8,915		6,705,642	1,048,066
007-012	254	115			6,336,393	1,204,131
013-018	143	57	13,333	19,333	1,838,672	654,845
019-024	305	126	139,000	241,318	15,051,459	1,728,720
025-030	- 166	65			4,352,029	656,071
031-036	37	16			773,672	80,127
037-042	21	4			291,800	85,083
043-048	6	_			705 000	2,647
049-054	8	6			725,000	27,130
055-060	7				1. 000	19,881
061-066	4	1			4,000	5,823
067-072	3	2			100,500	8,464
073 <b>-</b> 078	4	3			44,250	9,913
079-084	4	3			255,154	19,896
085-090	6	3			117,000	14,344
091-096	5	4			217,500	11,425
097-102	4	4			202,000	19,528
103-108	1	1			100,000	4,635
115-120	5	3			10,038	3,433
121-180	- 8	. 5			1,840,698	40,058
TOTAL	1,571	610	161,248	260,651	38,965,807	5,644,220

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120 121-180	36%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	3558993445555667788890 99999999999999999999999999999999	5%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	7% 100% 100% 100% 100% 100% 100% 100% 10	1738%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	18% 39% 82% 93% 95% 96% 97% 97% 97% 97% 97% 98% 998% 999% 100%	

## MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF LASURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 PHYSICIANS

TIME IN MONTHS	NO OF REPORTED NO INCIDENTS INC	OF PAID CIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120 121-180	148 142 80 222 122 26 12 6 7 4 2 1 4 3 5 2 1 4 3 7 7	58 60 24 91 47 11 2 6 1 3 3 3 4 2 1 3	10,833 34,000	10,833 44,318	3,193,342 3,925,154 1,467,593 8,636,710 2,938,379 722,422 290,000 725,000 4,000 100,000 44,250 255,154 117,000 217,500 200,000 100,000 10,038	547,965 789,116 479,688 1,368,100 467,335 65,921 69,056 2,647 27,130 16,303 337 7,872 9,913 19,896 14,344 11,425 15,062 4,635 3,433 2,672 3,922,850
	,,,,					

TIME IN MONTHS
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108

## . 37

## MISSOUR! DEPARTMENT OF ECCNOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO REPORT CLAIMS CLOSED IN 1985 HOSPITALS

TIME IN MONTHS	NO OF REPORTED NO INCIDENTS INC	OF PAID CIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 055-060 061-066 067-072 085-090	349 86 38 64 28 9 3 3	94 38 17 26 9 3	8,115 2,500 105,000	8,500 197,000	3,309,964 1,271,176 280,455 6,100,145 1,098,800 43,750	421,765 249,339 116,554 325,105 129,745 13,274 9,539 3,578 5,486
097-102 121-180 TOTAL	2 6 592	2 4 193	115,615	205,500	2,000 1,840,000 13,946,290	4,466 37,386 1,316,237

TIME IN	NO OF REPORTED	NO OF PAID	ECONOMIC	NON-ECONOMIC	INDEMNITY	ALLOCATED	
MONTHS	INCIDENTS	INCIDENTS	DAMAGE	DAMAGE	PAID	CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 055-060 061-066 067-072 085-090 097-102 121-180	58% 73% 790% 95% 97% 97% 98% 98% 98%	48% 68% 77% 90% 95% 96% 96% 96% 96% 96%	7% 7% 9% 100% 100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100% 100% 100%	23%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	32% 50% 59% 84% 945% 96% 96% 96% 96% 100%	

#### TABLE V

### Time Summary from Incident to Closure (Amounts Limited to \$100,000)

As in the prior tables, we have the time distribution presented here for the history of each claim from the date on which the event causing the loss occurred to the date on which the claim was fully resolved by the insurance company; i.e., the date of closure. This time lag represents the full life of the claim and is very significant as to the need for insurers to develop adequate loss reserves so that they can predict what the ultimate losses will be for risks generating a set premium at the beginning of the exposure period. This time lag is important both for the number of claims (frequency) and for the amount of loss (severity), remembering that generally the large losses take longer to mature and are harder to predict.

On this table claims are held to a maximum value of \$100,000 as a statistical cutoff device to moderate degree of skew.

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1987 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT.
CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.
AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 0VER 240	107 207 156 136 147 124 150 147 155 178 114 72 47 31 18 15 9 8 31 8	30 55 53 53 38 43 65 57 51 51 11 83 86 53 17 56 18	183,795 1,693,897 1,409,175 2,598,813 2,818,110 1,663,265 3,710,990 4,962,328 5,145,622 3,660,632 2,736,175 441,405 641,961 2,157,213 472,000 173,240 479,421 733,500 157,750 123,500 2,183,009 982,112	2,049 40,600 56,489 249,364 216,010 402,634 820,903 1,094,310 1,155,166 1,277,197 743,075 618,216 640,048 518,798 172,553 228,156 285,156 285,737 71,571 528,347 89,200 5,262 9,325,380	
	1,,,,,	010	37, 127, 913	9,329,300	

TIME IN   NO REPORTED   NO PAID   INDEMNITY   PAID ALLOCATED	 					
007-012						
	007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	16%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	1398%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	100%	84% 85% 88% 91% 92%	

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1987 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT.
CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED.
AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 121-180 181-240	8 45 37 45 82 56 94 87 96 114 78 40 32 32 27 13 9	4 13 11 22 20 41 36 33 32 24 4 8 6 7 2 4 5 3	31,013 1,057,762 1,069,250 1,228,166 2,572,066 941,480 2,567,582 4,495,159 2,921,330 2,650,750 1,278,300 387,500 558,261 1,070,000 467,000 70,000 281,991 708,500 75,000 987,563 50,000	335 25,115 35,912 156,523 115,307 147,712 447,347 593,948 664,030 818,447 459,702 357,826 438,240 351,399 152,244 180,507 171,904 62,159 17,042 410,750 1,382
OVER 240 TOTAL	930	309	25,468,673	5,262 5,613,093

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 121-180 181-240 0VER 240	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1987 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME I MONTHS		D NO OF PAID	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180	79 135 100 73 49 55 39 40 45 28 25 13 1 5 3 10 6 779	16 31 17 23 10 17 16 11 19 16 10 3 6 4 1 1 3 1 1 1 5 4 216	97,827 494,697 286,425 1,194,424 108,044 265,385 803,250 2,998,244 991,715 1,252,875 39,750 83,750 83,750 103,240 179,826 25,000 75,250 75,000 1,195,446 932,112	1,349 8,923 18,099 65,025 83,337 202,830 312,6305 432,338 419,139 232,425 222,657 181,444 152,958 20,309 47,649 113,159 22,060 6,829 24,913 117,597 87,818 3,197,157	

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS	PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	10% 240% 49% 53% 53% 688 739% 881% 9345% 996% 977% 997% 999%	7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	7%% 57%% 18%% 18%% 28%%%%% 457%% 457%% 668%% 789% 80%% 811% 811% 810%	**************************************	
	100/0	100/0	100/0	100%	

. 1

. .

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

	TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE
	00-006	180	49	572,654	5,493
	07-012 13-018	311 139	65 42	1,171,270 797,061	147,411 105,085
	19-024	124	48	1,097,520	155,735
	25-030	163	43	1,058,602	297,336
	31-036	142	51	2,189,122	619,615
	37-042	170	51 55	2,062,535	903,971
	43-048	161	72	2,767,201	1,207,536
	49-054	171	72	3,928,062	1,295,692
	55-060	142	49	2,379,484	935,075
	61-066	133	44	2,203,313	834,112
	67-072	72	27	1,112,705	658,233
	73-078	36	10	216,690	496,941
0.	79-084	37	16	754,850	303,404
30	85-090	22	6	317,000	330,786
	91-096	11	2	200,000	142,201
09	97-102	14	7	241,300	136,080
10	03-108	5	1	100,000	55,915
10	09-114	5	1	100,000	28,155
1.	15-120	3	2	40,000	47,085
	21-180	23	10 5	654,000	204,266
	81-240	13	5	382,501	127,672
	ER 240	_1		at at = 070	0.027.700
TO:	TAL	2,078	677	24,345,870	9,037,799

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 0VER 240	830%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%			7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	
	- /4				

ł

# MISSOUR! DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006	28	11	283,940	4,304
007-012	64	26	704,825	111,073
013-018	42	16	214,150	11,511
019-024	53	21	629,454	68,513
025-030	71	18	359,750	140,059
031-036	81	25	1,315,750	212,912
037-042	113	35	1,417,337	596,633
043-048	105	42	1,882,419	648,595
049-054	114	47	3,021,612	755,507
055-060	99	28	1,387,000	541,813
061-066	100	30 15	1,796,304	493,873
067-072	46	15	700,533	476,870
073-078	21	7	71,690	236,625
079-084	26	12	670,100	212,108
085-090	16	2	175,000	105,390
091-096	9	1	100,000	111,840
097-102	9	5	235,000	99,474
103-108	3			1,235
109-114	5	1	100,000	28,155
115-120	1			9,087
121-180	20	7	354,000	123,820
181-240	8	3	182,501	61,116
OVER 240	1			
TOTAL	1,035	352	15,601,365	5,050,513

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	2828728728728728728728728728728728728728	3%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	2% 2% 3% 60% 102% 350% 501% 70% 80% 85% 89% 91% 93% 95% 96% 96% 96%	
OVER 240	100%	100%	100%	100%	

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

 				<b> </b>
 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120 121-180 181-240	117 219 84 56 69 47 43 44 34 26 18 15 7 3	22 25 18 18 15 20 12 20 17 16 11 7 3 2 1 1	235,022 405,820 538,698 348,983 377,927 644,172 468,490 509,813 630,950 915,984 286,759 370,700 145,000 53,500 100,000 100,000 2,800 100,000 40,000 300,000 200,000	788 23,953 91,964 56,984 120,478 382,938 253,833 466,147 468,830 379,675 280,617 156,668 260,316 79,149 223,301 26,261 8,229 54,680 37,998 80,446 61,892
TOTAL	838	217	6,774,618	3,515,147

. 1

TIME IN	NO OF REPORTED	NO OF PAID	INDEMNITY	ALLOCATED	
MONTHS	INCIDENTS	INCIDENTS	PAID	CLAIM EXPNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120 121-180 181-240	13% 40% 50% 56% 70% 75% 86% 90% 93% 97% 97% 97% 98% 98% 99% 100%		397%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

# MISSOUR! DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 ALL CLAIMS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000

	AMOUNTS	FOR EACH INCI	DENT HAVE	BEEN LIMITE	ED TO \$100,000.		
TIME IN MONTHS	NO REPORTEI	NO PAID INCIDENTS	I NE	EMNITY PAID	PAID ALL CLAIM EX	OCATED PENSE	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 TOTAL	NO REPORTEI INCIDENTS  146 202 131 115 125 110 143 119 103 109 78 43 36 29 13 16 4 12 6 2 26 2 1,570	51 47 39 40 60 61 52 47 31 7 17 15 2 610		396, 12 574, 90 722, 14 1,212, 51 1,267, 06 1,025, 04 2,286, 69 2,753, 20 2,407, 48 1,883, 67 1,404, 60 947, 11 576, 08 771, 47; 274, 500 377, 500 110, 150 100, 000 765, 236 150, 000 20,399, 764	0 3 3 4 4 5 8 6 6 5 9 9 4 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6,158 34,887 78,302 192,167 233,269 435,453 641,734 714,685 689,914 715,382 458,364 456,438 237,796 250,412 156,108 92,993 37,792 47,831 17,072 7,630 130,728 8,356 643,471	
	MONTHS	O REPORTED INCIDENTS	NO PAID NCIDENTS	INDEMNITY	PAID ALLOCATED CLAIM EXPENSE		
	007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078	22% 30% 37% 45% 52% 61% 76% 82%	12337%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	2%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%		•

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 PHYSICIANS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	I NDEM PA I	NITY D	ALLOCATE CLAIM EXPN	D S PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 TOTAL	14 32 36 55 67 62 88 81 76 85 54 32 28 22 11 14 4 12 6 1 796	8 11 10 19 20 18 20 35 19 14 12 5 4 2 8 5 1 9 1 320 33 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10		128,658 228,188 226,166 851,475 697,115 461,918 1,386,197 2,128,335 1,868,989 1,632,041 1,184,750 824,145 553,830 720,972 274,500 269,000 121,500 377,500 110,154 100,000 522,538 50,000	3,9	4,392 11,194 43,090 142,837 135,115 159,768 402,928 491,899 506,835 553,633 286,392 387,766 174,702 212,864 120,136 91,644 37,792 47,831 17,072 2,144 83,711 8,356 922,101
	TIME IN NO MONTHS I	OF REPORTED NCIDENTS	NO OF PAID INCIDENTS	INDEMNITY PAID	ALLOCATED CLAIM EXPNS I	PD
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 115-120 121-180 181-240	17%% 40%% 53%% 666%% 80%% 80%% 80%% 906%% 906%% 906%% 906%% 906%% 906%% 906%%	11%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	4%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	1%% 62%% 129% 129% 377%% 400% 870% 8870% 996% 996% 900%	

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 'HOSPITALS

*RELATED CLAIMS HAVE BEEN CONSOLIDATED AS ONE INCIDENT. CLAIMS CLOSED WITHOUT PAYMENT ARE INCLUDED. AMOUNTS FOR EACH INCIDENT HAVE BEEN LIMITED TO \$100,000.

TIME IN	NO OF R	EPORTED N	O OF PAID NCIDENTS	INDEMNIT PAID	ГҮ	ALLOCA CLAIM EX	TED (PNS PD	
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 1 079-084 085-090 091-096 115-120 121-180 181-240		101 140 75 40 40 36 43 26 21 17 18 10 7 5 2	23 23 24 14 13 15 22 14 13 8 12 2 3 1		197,866 248,159 456,453 212,035 481,150 325,730 808,750 410,620 533,000 129,500 214,500 109,500 22,250 50,000		1,766 21,649 30,833 37,499 79,216 90,725 227,337 131,125 172,515 130,253 161,499 63,560 45,094 36,956 35,972 5,486 44,752	
	TIME IN MONTHS	NO OF REF	PORTED NO C	F PAID INDE DENTS PA	MNITY A	ALLOCATED AIM EXPNS P	D	
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	19 50 107 107 259 339 449 549 649 819 819 919 919 919 919 919	670707070707070707070707070707070707070		2394768 2394768 2394768 2394768 2394768 2394769 2394769 2394768 2394769 2394769 2394769 2394769 2394769	7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%		

### TABLE VI

### Time Summary from Incident to Closure (No Limits on Amounts)

Just as in the prior tables, these are for the full life of the claim but no dollar limit is imposed on the losses to control the skewness. We can see that for all claims in 1987, 96% of the paid claims are closed by the 10th year, this represents 91% of the indemnity.

## - 49 -

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1987 ALL CLAIMS

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	ECONOMIC DAMAGE		NON-ECONOMIC DAMAGE	I ND P	EMNITY AID	PAID ALLOCATED CLAIM EXPENSE
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 OVER 240 TOTAL	107 207 156 136 147 124 150 147 155 178 114 72 49 47 31 18 15 9 8 31 8 1,919	30 55 36 53 38 466 57 611 37 11 8 3 8 6 5 3 17 5 6 18	1,00 82, 82,1,97 63,1,50 2,42 1,96 2,26 1,24 22,26 1,19 6 2,12 30 10 1,70 27	6,888 7,257 6,257 7,420 3,460 19,678 19,678 19,675 19,859 19,859 19,507 19,507 19,334 19,24 19,24 19,24 19,24 19,24 2,742	96,9 684,6 582,9 1,771,3 844,9 1,031,3 2,538,4 3,176,1 1,395,1 1,489,4 219,3 962,8 405,0 145,7 350,0 145,7 428,2 53,7 119,7 481,9	06 12 18 91 50 69 15 74 72 00 77 73 00 79 73 00 52 30 10 50 64	183,795 1,693,897 1,409,175 2,598,813 2,818,110 1,663,265 3,710,990 4,962,328 5,145,622 3,660,632 2,736,175 441,405 641,961 2,157,213 472,000 173,240 479,421 733,500 157,750 123,500 2,183,009 982,112 39,127,913	2,049 40,600 56,489 249,364 216,010 402,634 820,903 1,094,310 1,155,166 1,277,197 743,075 618,216 640,048 518,798 172,553 228,156 285,476 84,219 25,737 71,571 528,347 89,200 5,262 9,325,380
	TIME IN	NO REPORTED	NO PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	)
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 0VER 240	164%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	NO PAID INCIDENTS	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	% 3% 6% 15% 25% 25% 465% 465% 81% 81% 88% 903% 933% 90% 100%	**************************************	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

## - 50 -

## MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1987 PHYSICIANS

TIME IN MONTHS	NO OF REPORTED INCIDENTS	INCIDENTS	ECONOMIC DAMAGE		NON-ECONOMIC DAMAGE	I NDE	EMNITY AID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 121-180 181-240 OVER 240	8 45 37 45 82 56 94 87 96 114 78 40 32 32 27 13 9 5 7 20 2	4 13 11 21 22 20 41 36 33 32 24 4 8 6 7 2 4 5 3 12 1	4 781 752 260 1,842 400 1,043 2,243 1,110 1,762 657 185	,942 ,837 ,555 ,130 ,250 ,611 ,442 ,662 ,2703 ,000 ,261	26,07 275,925 316,700 968,03 729,876 541,230 1,523,969 2,251,71 1,810,668 888,500 620,597 202,500	1 5 0 1 6 6 0 9 7 8 8 0 0 7	31,013 1,057,762 1,069,250 1,228,166 2,572,066 941,480 2,567,582 4,495,159 2,921,330 2,650,750 1,278,300 387,500 558,261	335 25,115 35,912 156,523 115,307 147,712 447,347 593,948 664,030 818,447 459,702 357,826 438,240
	TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	ECONOM I C DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS F	מי
	043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 121-180	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	57%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	DAMAGE	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

## 51 -

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1987 HOSPITALS

TIME IN MONTHS	NO OF REPORTED	NO OF PAID INCIDENTS	ECONOMIC DAMAGE	·	NON-ECONOMIC DAMAGE	I NDE	EMNITY AID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 TOTAL	700 TOENTS 73 135 100 73 49 55 39 40 46 45 28 25 13 13 13 4 5 10 6 779	16 31 17 23 10 17 16 11 19 16 10 3 6 4 1 1 1 1 5 4 216	38 176 57 472 39 130 357 134 804 491 464 22 37 583 75 25 1,120 279 5,319	,081 ,496 ,739 ,142 ,058 ,658 ,466 ,621 ,203 ,023 ,878 ,700 ,634 ,500 ,865 ,865 ,800 ,290 ,446 ,249 ,909	59,74 316,20 228,68 722,28 68,99 135,31 445,59 160,53 1,293,62 500,51 788,85 16,87 46,00 391,07 5,00 95,74 103,96 25,00 49,45 1,71 75,00 652,86 6,183,01	51 66 24 72 73 22 20 90 01 00 00 47	97,827 494,697 286,425 1,194,424 108,044 265,385 803,250 295,003 2,098,244 991,715 1,252,875 39,750 83,750 974,713 5,000 103,240 179,826 25,000 75,250 3,000 1,195,446 932,112 11,504,926	1,349 8,923 18,099 65,025 83,337 202,890 312,634 423,605 432,338 419,139 232,425 222,657 181,444 152,958 20,309 47,649 113,159 22,060 6,829 24,913 117,597 87,818 3,197,157
	TIME IN	NO OF REPORTED	NO OF PAID	ECONOMIC	NON-ECONOMIC	INDEMNITY	ALLOCATED CLAIM EXPNS	 PD
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240	1NCTDENTS  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  107%  1	71% 71% 219% 442% 442% 4456654% 867% 867% 87% 87% 9923% 995% 995% 995%	7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	57%% 18%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

## - 52

## MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 ALL CLAIMS

TIME IN MONTHS	NO REPORTED INCIDENTS I	NO PAID NCIDENTS	ECONOMIC DAMAGE		NON-ECONOMIC DAMAGE	IN	DEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE
121-180 181-240	72 36 37 22 11 14 5 5 3 23	49 42 48 43 55 72 49 44 71 10 10 5	209 190 74 444 2,944 1,571 571 873 119 40 310 53 107	,117 ,866 ,197 ,066 ,328 ,366 ,349 ,206 ,074 ,074 ,08 ,350 ,296 ,750 ,000 ,857 ,431	250,1 124,5 754,0 172,6 222,2 2,932,2 347,1 416,0 720,9 643,5 1,414,3 585,2 11,7 123,7 225,0 306,3 25,0	30 20 36 00 74 39 51 44 49 42 62 37 50 00	762,654 2,487,397 1,451,754 1,763,632 1,862,050 8,025,123 3,935,205 7,381,633 10,084,817 4,186,484 4,509,985 2,714,440 616,690 929,850 1,265,136 402,431 431,300 100,000	
OVER 240 TOTAL	1 2,078	677	9,436			99 		·
	TIME IN MONTHS	NO REPORTED INCIDENTS		ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE	
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 OVER 240	8%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	246723%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	2%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	7%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

### MISSOURI

## DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 PHYSICIANS

TIME IN MONTHS		INCIDENTS	ECONOMIC DAMAGE	1	NON-ECONOMIC DAMAGE	I NDE	EMNITY AID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120	28 64 42 53 71 81 113 105 114 99 100 46 21 26 16 9 3	11 26 16 21 18 25 35 42 47 28 30 15 7 12 2	204 35 64 294 489 258 589 1,481 310 619 26	,196 750 ,000 ,959	245,50 106,00 25,14 18,50 20,88 296,28 167,65 391,36 707,96 548,00 1,255,11: 583,83 11,75 102,10 105,17	0 3 0 0 0 1 1 5 9 9 0 0 0 7	473,940 1,604,825 214,150 795,566 459,750 2,103,596 1,880,587 4,382,419 6,449,905 2,424,500 4,052,946 1,495,533 71,690 845,100 223,136 295,000 425,000	4,304 111,073 11,511 68,513 140,059 212,912 596,633 648,595 755,507 541,813 493,873 476,870 236,625 212,108 105,390 111,840 99,474 1,235 28,155
121-180 181-240 OVER 240 TOTAL	20 8 1 1,035	7 3 352	42	, 795 , 151	207,209 25,000		454,000 216,251	9,087 123,820 61,116
							28,967,894  ALLOCATED CLAIM EXPNS I	5,050,513 
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114 115-120 121-180 181-240 OVER 240	2%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	NO OF PAID INCIDENTS	4%% 88% 94%% 249% 717% 990% 997% 997% 997% 997% 100%	4%% 67% 77% 84% 1175% 1259% 756% 866% 8900% 9955% 9959 900% 100%	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

### MISSOURI

## DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1986 HOSPITALS

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOM I C DAMAGE	N	ON-ECONOMIC DAMAGE	I NDE PA	EMNITY VID	ALLOCATED CLAIM EXPNS PD
000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120 121-180 181-240	117 219 84 56 69 47 42 43 44 34 26 18 15 7 3 1 3 2 2	22 25 18 18 15 20 17 16 11 7 3 2 1 1 1 2 3 2 217	2 151 177 131 2,455 1 239 98 84 40 30 107 100 40 325	,355 ,800 ,991 ,750 ,000 ,000 ,431 ,000 ,000	2,800 5,500 699,693 4,100 135,221 2,613,800 11,200 82,059 159,250 22,000		235,022 821,947 1,193,391 748,983 541,375 5,442,327 1,781,910 2,555,362 3,334,412 1,685,484 296,759 1,177,435 545,000 53,500 1,000,000 40,000 40,000 40,000 580,161 523,000 22,766,299	788 23,953 91,964 56,984 120,478 382,938 253,833 466,147 468,830 379,675 280,617 156,668 260,316 79,149 223,301 26,261 8,229 54,680 37,998 80,446 61,892 3,515,147
	TIME IN	NO OF REPORTED		ECONOM1C DAMAGE	NON-ECONOMIC		ALLOCATED	
	000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 115-120 121-180 181-240	13%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%		722%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	18% 18% 22% 90% 90% 90% 90% 90% 97% 97% 97% 97% 100%	115978%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	248%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	

## MISSOUR! DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 ALL CLAIMS

TIME IN MONTHS	NO REPORTED INCIDENTS	NO PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	PAID ALLOCATED CLAIM EXPENSE
000-006	146	51			396,120	6,158
007-012	202	49	8,915	•	869,585	34,887
013-018	131	47			727,141	78,302
019-024	115	39	500	5,500	2,375,103	192,167
025-030	126	40			2,663,320	234,018
031-036	110	40	111,833	199,833	2,111,722	435,453
037-042	143	60			4,028,977	641,734
043-048	119 103	61	2,000	3,000	8,648,848	714,685
049-054		52 47	h 000		3,706,633	689,914
055-060 061-066	109 78	33	4,000	8,000	2,979,971	715,382
067-072	43	17	21: 000	hh 210	1,821,054	458,364
073-078	36	17	34,000	44,318	1,371,762	456,438
079-084	36 29 13	14			926,978	237,796
085-090	13	5			1,171,472	250,412
091-096	16	<b>5</b>			664,981	156,108
097-102	4	ź			277,750	92,993
103-108	12	8			221,500 477,500	37,792
109-114	6	5			110.154	47,831 17,072
115-120	2	1			200,000	7,630
121-180	26	15			2,565,236	130,728
181-240	2	2			650,000	8,356
TOTAL	1,571	610	161,248	260,651	38,965,807	5,644,220

MONTHS								
007-012         22%         16%         5%         %         3%         %           013-018         30%         24%         5%         %         5%         2%           019-024         37%         30%         5%         2%         11%         5%           025-030         45%         37%         5%         2%         18%         9%           031-036         52%         43%         75%         78%         23%         17%           037-042         61%         53%         75%         78%         33%         28%           043-048         69%         63%         76%         79%         55%         41%           049-054         76%         71%         76%         79%         65%         53%           055-060         83%         79%         78%         82%         73%         66%           061-066         87%         85%         78%         82%         77%         74%           067-072         90%         87%         100%         100%         81%         82%           073-078         92%         90%         100%         100%         86%         91%	TIME IN MONTHS							 
121-160 99% 99% 100% 100% 98% 99% 181-240 100% 100% 100% 100% 100% 100%	007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 097-102 103-108 109-114	2375219637024566788% 207521963702456678889 9999999999999999999	12334533%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	75% 76% 78% 78% 100% 100% 100% 100% 100% 100%	82% 100% 100% 100% 100% 100% 100% 100% 10	35183%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	9% 17% 28% 413% 4566% 742% 866% 867% 977% 977%	

09/15/88

#### PAGE 1

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 PHYSICIANS

TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006	14	8			128,658	4,392
007-012		11			251,513	11,194
013-018	36	10			206,166	43,090
019-024	55	19			1,614,064	142,837
025-030	68	20			854,595	135,864
031-036	32 36 55 68 62	18	10,833	10,833	551,918	159,768
037-042	88	29	•	•	2,578,478	402,928
043-048	81	40			2,867,957	491,899
049-054	76 85	36 35			2,993,133	506,835
055-060	85	35			2,728,338	553,633
061-066	54	19			1,601,204	286,392
067-072	54 32 28	14	34,000	44,318	1,224,145	387,766
073-078	28	14			904,728	174,702
079-084	22	12			1,120,972	212,864
085-090	11	5			664,981	120,136
091-096	14	4			274,000	91,644
097-102	4	2			221,500	37,792
103-108	12	8			477,500	47,831
109-114	6	5			110,154	17,072
115-120	1	1			200,000	2,144
121-180	15	9			1,322,538	83,711
181-240	1	1			50,000	8,356
TOTAL	797	320	44,833	55,151	22,946,542	3,922,850

T I ME MONTH					IC INDEMNI PAID	TY ALLOCATED CLAIM EXPNS		
000-00 007-01 013-01 019-02 025-03 031-03 037-04 043-04 049-05 055-06 061-06 067-07 079-08	1 % 2 5 % 8 10 % 25 % 8 10 % 25 % 8 10 8 10 8 10 8 10 8 10 8 10 8 10 8	25%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	. %%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	PAID  1%% 9%% 13%% 15% 26% 39%% 524% 71% 76% 80% 85% 85% 88%	CLAIM EXPNS  1/% 1/% 5/% 8/% 12/% 35/% 48/% 62/% 69/% 79/% 89/% 892% 994%	PD 	 ·,
091-09 097-10 103-10 109-11 115-12 121-18 181-20	02 95% 08 97% 04 97% 20 97% 30 99%	91% 92% 95% 96% 99% 100%	100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100%	89% 902% 92% 93% 94% 100%	94% 95% 97% 97% 97% 100%		

# MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE TIME SUMMARY FROM INCIDENT TO CLOSURE CLAIMS CLOSED IN 1985 HOSPITALS

TIME IN MONTHS	NO OF REPORTED NO INCIDENTS IN	OF PAID CIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS PD
000-006	101	23		,	197,866	1,766
007-012	140	23	8,115		519,516 461,453	21,649 30,833
013-018 019-024	75 40	24 14	500	5,500	612,035	30,833 37,499
025-030	40	13	500		1,719,925	79,216
031-036	40 36 43	15	101,000	189,000	515,730	90,725
037-042	43	22 14	2,000	3,000	1,358,750 5,460,620	227,337 131,125
043-048 049-054	26 21	13	2,000	3,000	708,000	172,515
055-060	17	8	4,000	8,000	129,500	130,253
061-066	18	12			214,500	161,499
067-072	10	2			134,145 22,250	63,560 45,094
073-078 079-084	5	ĭ			50,000	36,956
085-090	2					35,972
091-096	1					5,486
115-120 121-180	8	5			1,242,000	44,752
181-240	ĭ	í			600,000	•
TOTAL	592	193	115,615	205,500	13,946,290	1,316,237

 TIME IN MONTHS	NO OF REPORTED INCIDENTS	NO OF PAID INCIDENTS	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	INDEMNITY PAID	ALLOCATED CLAIM EXPNS P	D
 000-006 007-012 013-018 019-024 025-030 031-036 037-042 043-048 049-054 055-060 061-066 067-072 073-078 079-084 085-090 091-096 115-120 121-180	17% 453% 662% 66272 8848% 914% 9978 9988 9989 9989 998	13%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	7% 7% 77% 77% 94% 96% 100% 100% 100% 100% 100%	2% 2% 24% 94% 96% 100% 100% 100% 100% 100% 100% 100%	1%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%%	% 1%% 4%% 12%% 12%% 19%% 197% 470% 87% 80%% 996%% 996%% 100%	
			,,,	70	70	. 00/0	

### TABLE VII

### Bodily Injury Claim Indemnity Comparison (By Time Lapse from Incident to Disposition)

Table VII compares the indemnity paid by severity of loss. It also compares the prior year result (1985 and 1986) with the current year result (1986 and 1987) and views the change year to year. This review is for each level of severity of the injury sustained to see whether the legal system reasonably allocates greater loss for greater injury. We also see how varied the claims are to each other in the "standard error" column. The "ratio for average paid claims" is arrived at by dividing the current year severity, or average loss, by the prior year's. A summary of the results is set out below:

Severity	1985	1986	1987	Mean	Ratio
0,1	15,229	28,439	22,707	22,115	1.22
2,3,4	18,505	22,514	13,177	18,065	1.00
5,6,7,8	114,005	170,237	125,316	136,519	7.55
9	101,353	111,981	118,166	110,500	6.11

The last column of the above table uses a standard of "1.00" for severity class 2,3,4 and shows the relationship of the mean loss in each of the other classes to that standard, i.e. and average loss in severity class 5,6,7,8 is seven times greater than the average loss for severity class 2,3,4. Severity class 9 average loss was over six times as large as class 2,3,4 and less than 5,6,7,8. The reason for this is probably that severity class 9 is almost always for an injury resulting in death and such losses require no long term maintenance of the injured party.

ALL COMPANIES SEVERITY 0,1

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108 127-132 139-144 181-240	3 5 6 6 4 5 1 2 2 39	1,028 8,150 15,025 38,500 18,833 8,000 76,950 5,690 32,500 79,375 28,439	330.000 6,660.000 8,345.000 20,024.000 10,341.000 4,061.000 .000 .000 .000 17,492.000 .000 54,496.000 7,190.000	1 6 6 6 1 1 1 1 1 3	1,500 7,611 17,386 37,541 8,500 68,000 60,000 5,000 2,500 25,000 30,021	.000 4,127.000 11,616.000 17,116.000 .000 .000 .000 .000 .000 .000 .0	1.4591 .9338 1.1571 .9750 .4513 8.5000 .0000 10.5448 .0000 .7692 .0000 .7692

SEVERITY 2,3,4

1	LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM	
	0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108 115-120 139-144 151-156 163-168 181-240 TOTAL	38 62 62 52 54 29 23 9 3	3,810 8,239 20,084 27,075 26,689 38,346 45,859 22,677 100,433 40,000 57,501 22,514	970.000 1,435.000 5,224.000 6,882.000 6,403.000 11,357.000 17,916.000 8,802.000 97,164.000 .000 .000 .000 .000 .000	27 61 49 44 55 36 18 5 1 8 3 1	8,472 8,448 8,350 13,314 14,527 20,179 18,802 24,500 5,000 20,419 47,333 6,000 30,000	2,673.000 1,702.000 1,144.000 2,925.000 2,535.000 3,700.000 7,451.000 10,999.000 .000 8,476.000 34,853.000 .000 .000 .000 .000 .000	2.2236 1.0253 .4157 .4917 .5443 .5262 .4099 1.0803 .0497 .0000 .0000 .0000 .0000	

- 59 -

ALL COMPANIES SEVERITY 5,6,7,8

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108 115-120 127-132 139-144 151-156 163-168	8 19 21 25 64 31 12 8 4 4 2	61,943 118,072 267,298 82,819 229,510 135,322 205,600 45,110 333,107 33,750 120,419 62,500	30,935.000 55,900.000 155,877.000 23,409.000 40,443.000 32,317.000 57,696.000 16,522.000 225,164.000 22,560.000 105,347.000 .000 .000 .000 49,323.000	2 13 24 48 35 5 7 4 1	21,865 162,016 42,757 70,956 131,284 152,139 84,352 57,500 151,143 125,763 3,000 423,389 106,963 45,000 75,000	16,999.000 83,928.000 13,340.000 18,193.000 33,284.000 32,888.000 53,645.000 36,477.000 48,009.000 58,811.000 175,495.000 47,273.000	.3529 1.3721 .1599 .8567 .5720 1.1242 .4102 1.2746 .4537 3.7263 .0249 .0000 1.7114 .0000 .5754
175-180 181-240 TOTAL	3 206	193,205 170,237	82,382.000 .000 22,605.000	2 3 170	75,000 75,000 277,370 125,316	24,999.000 90,127.000 14,764.000	.3881 .0000 .7361

SEVERITY 9

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD GLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108	4 7 14 18 20 29 5 1 1 99	102,294 125,956 88,450 127,615 64,270 138,067 136,102 100,000 190,000	22,494.000 73,687.000 23,302.000 36,708.000 17,174.000 37,321.000 51,844.000 .000 .000	15 17 34 21 13 5 5 1	138,584 173,235 75,396 66,107 147,409 147,000 277,942 100,000 118,166	.000 49,161.000 93,888.000 13,784.000 26,532.000 56,301.000 80,875.000 156,516.000 .000 .000	.0000 1.1002 1.9585 .5908 1.0285 1.0676 1.0800 .0000 .5263

### ALL COMPANIES SEVERITY 0,1

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 103-108 115-120 127-132 181-240 TOTAL	6 4 3 2 4 3 4 1 2	13,675 1,381 7,439 101,875 4,625 20,833 6,750 15,000 2,500	10,439.000 750.000 2,905.000 97,999.000 1,928.000 15,874.000 2,284.000 .000 .000 .000	3 5 5 6 6 4 5 1 2 2 39	1,028 8,150 15,025 38,500 18,833 8,000 76,950 5,690 32,500 79,375 28,439	330.000 6,660.000 8,345.000 20,024.000 10,341.000 4,061.000 36,572.000 .000 .000 .000 17,492.000 54,496.000 7,190.000	.0751 5.9015 2.0197 .3779 4.0720 .3840 11.4000 .0000 .0000 .0000 .0000

### SEVERITY 2,3,4

LAPSED MONTHS   FROM INCIDENT   TO DISPOSITION   PAID   CLAIM   CLA										
7- 12 68 5,941 1,549.000 62 8,239 1,435.000 1.3868 7- 12 68 5,941 2,275.000 62 20,084 5,224.000 1.8674 31- 36 37 20,863 5,942.000 52 27,075 6,882.000 1.2977 43- 48 31 34,922 13,891.000 54 26,689 6,403.000 .7642 55- 60 33 39,710 11,703.000 29 38,346 11,357.000 .9656 67- 72 12 32,526 12,999.000 23 45,859 17,916.000 1.4099 79- 84 10 19,567 4,725.000 9 22,677 8,802.000 1.1589 91- 96 2 12,625 9,000.000 3 100,433 97,164.000 7.9550 103-108 2 31,250 18,492.000 115-120 1 12,500 .000 .0000 115-120 1 12,500 .000 .0000 127-132 1 200,000 1,000 .0000 139-144 3 15,245 12,367.000 .000 .0000 139-144 3 15,245 12,367.000 .000 .0000 151-156 .000 1 40,000 .0000 .0000 181-240 .000 1.2166	•	FROM INCIDENT	NUMBER OF CLAIMS	AVERAGE PAID	ST ERR AVG PD	NUMBER OF CLAIMS	AVERAGE INDEMNITY	STD ERR AVG PD	AVG PD	
	•	7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108 115-120 127-132 139-144 151-156	68 46 37 31 33 12 10 2 2 1 1	5,941 10,755 20,863 34,922 39,710 32,526 19,567 12,625 31,250 12,500 200,000 15,245	1,549.000 2,275.000 5,942.000 13,891.000 11,703.000 12,999.000 4,725.000 9,000.000 18,492.000 .000 .000 .000	62 62 52 54 29 23 3	8,239 20,084 27,075 26,689 38,346 45,859 22,677 100,433	1,435.000 5,224.000 6,882.000 6,403.000 11,357.000 17,916.000 8,802.000 97,164.000 .000 .000 .000	1.3868 1.8674 1.2977 .7642 .9656 1.4099 1.1589 7.9550 .0000 .0000	

61 -

ALL COMPANIES SEVERITY 5,6,7,8

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM	
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108 115-120 127-132 139-144 151-156 163-168 175-180	7 124 34 35 366 45 81 124	18,407 21,171 81,943 82,256 184,914 87,694 74,433 153,057 102,200 85,019 800,000 1,000 51,250	8,204.000 7,548.000 23,473.000 28,195.000 93,802.000 11,444.000 21,023.000 63,504.000 26,495.000 26,419.000 .000 .000 27,999.000	8 19 21 25 64 31 12 8 4 4 2	61,943 118,072 267,298 82,819 229,510 135,322 205,600 45,110 333,107 33,750 120,419 62,500 130,333 193,205	30,935.000 55,900.000 155,877.000 23,409.000 40,443.000 32,317.000 57,696.000 16,522.000 225,164.000 22,560.000 105,347.000 .000 .000 .000 49,323.000 82,382.000	3.3651 5.5770 3.2619 1.0068 1.2411 1.5431 2.7622 .2947 3.2593 .3969 .1505 .0000 62.5000 .0000	
181-240 TOTAL	1 211	50,000 114,005	25,039.000	206	170,237	.000 22,605.000	.0000 1.4932	

SEVERITY 9

LAPSED MONTHS FROM INCIDENT TO DISPOSITION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
0- 6 7- 12 19- 24 31- 36 43- 48 55- 60 67- 72 79- 84 91- 96 103-108	2 10 17 16 22 16 5 3 1	21,673 93,709 143,954 93,239 121,860 41,706 70,265 226,827 25,000	20,493.000 33,042.000 61,015.000 26,532.000 21,954.000 11,312.000 29,308.000 87,618.000 .000 .000	4 7 14 18 20 29 5	102,294 125,956 88,450 127,615 64,270 138,067 136,102 100,000 190,000 111,981	22,494.000 73,687.000 23,302.000 36,708.000 17,174.000 37,321.000 51,844.000 .000 .000	4.7198 1.3441 .6144 1.3686 .5274 3.3104 1.9369 .0000 4.0000 .0000 1.1048

70

### TABLE VIII

Bodily Injury Claim Indemnity Comparison (By Major Business Classification)

We have also developed the time studies as in Table VII for business classification to see if significant difference exist in mean loss year to year. These tables can be read exactly as those preceding.

PHYS AND SURG

PODIA/CHIROPOD

TOTAL

•	
a	
ĭ	
ł	

	MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM	
,	CHIROPRACTORS DENTISTS HOSPITALS NURSES PHYS AND SURG PODIA/CHIROPOD TOTAL SEVERITY 2,3,4	1 6 2 29 1 39	1,250 15,354 3,916 34,239 15,000 28,439	.000 .000 12,882.000 1,000.000 9,117.000 .000 7,190.000	1 2 8 17 28	2,500 1,084 6,500 34,066 22,707	.000 1,000.000 2,819.000 .000 8,325.000 .000 5,739.000	.0000 .8672 .4233 .0000 .9949 .0000	
	MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM	
	CHIROPRACTORS CLINICS/CORP DENTISTS HOSPITALS NURSES NURSING HOMES PHARMACIES PHYS AND SURG PODIA/CHIROPOD TOTAL	10 120 46 9 142 7 334	13,315 12,466 11,343 10,964 36,581 10,790 22,514	.000 .000 5,201.000 2,019.000 5,523.000 3,921.000 .000 5,374.000 3,224.000 2,601.000	3 4 33 135 4 3 8 117 2 309	9,212 5,568 10,898 10,317 1,573 898 6,287 17,633 73,500 13,177	9,333.000 2,561.000 3,101.000 1,403.000 160.000 1,000.000 2,024.000 1,910.000 43,495.000 1,086.000	.0000 .0000 .8184 .8276 .1386 .0819 .0000 .4820 6.8118	
	SEVERITY 5,6,7,	8							
	MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AYG PD CLAIM	RATIO FOR AVG PD CLAIM	
•	CLINICS/CORP DENTISTS HOSPITALS NURSES NURSING HOMES OPTOMETRISTS PHARMACIES	8 54 13 3	26,701 311,300 15,997 107,020 200,000	.000 15,811.000 71,336.000 4,056.000 57,287.000 .000	2 10 43 1 1 2 1	141,000 11,651 175,517 39,230 25,000 16,750 51,000	108,611.000 3,827.000 38,152.000 .000 .000 12,999.000	.0000 .4363 .5638 2.4523 .2336 .0837	

107

170

3

51,000 121,558 67,500 125,316

17,116.000 27,477.000 14,764.000

.000

.0000

.8883

.9000

.7361

18,275.000

22,605.000

.000

1

126

206

136,834

75,000 170,237

ALL COMPANIES SEVERITY 9

MAJOR BUSINESS CLASSIFICATION		PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM	
CHIROPRACTORS CLINICS/CORP DENTISTS HOSPITALS NURSES NURSING HOMES PHYS AND SURG	37 5 2 55	118,053 215,782 50,000 100,713 111,981	.000 .000 .000 22,627.000 100,976.000 34,994.000 19,849.000	1 2 2 30 3 5 68	165,000 68,750 4,616 83,758 127,608 17,900 144,407	.000 43,996.000 3,499.000 30,033.000 36,164.000 6,028.000 29,206.000 19,924.000	.0000 .0000 .0000 .7094 .5913 .3580 1.4338	

ALL COMPANIES SEVERITY 0,1

MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
DENTISTS HOSPITALS NURSES NURSING HOMES PHYS AND SURG PODIA/CHIROPOD TOTAL	5 8 1 15 29	3,550 3,796 150 26,224 15,229	.000 660.000 1,766.000 .000 13,303.000 .000 7,132.000	1 6 2 29 1 39	1,250 15,354 3,916 34,239 15,000 28,439	.000 12,882.000 1,000.000 .000 9,117.000 .000 7,190.000	.0000 4.3250 1.0316 .0000 1.3056 .0000 1.8674

SEVERITY 2,3,4

MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AVG PD CLAIM	RATIO FOR AVG PD CLAIM
DENTISTS	1	800	.000	10	13,315	5,201.000	16.6437
HOSPITALS	114	11,063	2.118.000	120	12,466	2.019.000	1.1268
NURSES	49	3,863	980.000	, 46	11,343	5,523.000	2.9363
NURSING HOMES	14	10,141	3,969.000	9	10,964	3,921.000	1.0811
PHYS AND SURG	100	35,512	6,291.000	142	36,581	5,374.000	1.0301
PODIA/CHIROPOD			.000	7	10,790	3,224.000	.0000
TOTAL	278	18,505	2,553.000	334	22,514	2,601.000	1.2166

SEVERITY 5,6,7,8

MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AYG PD CLAIM	RATIO FOR AVG PD CLAIM	
DENTISTS HOSPITALS NURSES NURSING HOMES	39 20	218,058 70,643	.000 128,826.000 44,336.000 .000	8 54 13 3	26,701 311,300 15,997 107,020	15,811.000 71,336.000 4,056.000 57,287.000	.0000 1.4276 .2264 .0000	
OPTOMETRISTS PHYS AND SURG	152	93,012	.000 8,988.000	1 126	200,000 136,834	.000 18,275.000	.0000 1.4711	
PODIA/CHIROPOD TOTAL	211	114,005	.000 25,039.000	1 206	75,000 170,237	.000 22,605.000	.0000 1.4932	

#### BODILY INJURY CLAIM INDEMNITY COMPARISONS PRIOR YEAR = 1985

ALL COMPANIES SEVERITY 9

MAJOR BUSINESS CLASSIFICATION	PRIOR YR NUMBER OF CLAIMS PAID	PRIOR YR AVERAGE PAID CLAIM	PRIOR YR ST ERR AVG PD CLAIM	CURR YR NUMBER OF CLAIMS PAID	CURR YR AVERAGE INDEMNITY CLAIM	CURR YR STD ERR AYG PD CLAIM	RATIO FOR AVG PD CLAIM
HOSPITALS NURSES NURSING HOMES PHYS AND SURG TOTAL	35	118,944	33,343.000	37	118,053	22,627.000	.9925
	2	106,250	11,487.000	5	215,782	100,976.000	2.0308
	2	42,500	12,488.000	2	50,000	34,994.000	1.1764
	53	91,772	12,327.000	55	100,713	19,849.000	1.0974
	92	101,353	14,525.000	99	111,981	14,798.000	1.1048

#### TABLE IX

#### Company Indemnity Analysis (By Profession Specialty)

For insurance companies, an important factor in offering malpractice coverage is where are the losses occurring. This table shows us by year for 1987, 1986 and 1985, and for all years 1979 - 1988, the Insurance Services Office classification code of the profession which caused the loss and the number of claims that resulted with the total loss and the average loss. The all years report does include claims already closed in 1988.

This data is very helpful for establishing rate relativities for Missouri and should be studied carefully.

ALL COMPANIES FOR YEAR: 87

	NUMBER	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	OF CLAIMS	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY	1				
80612 HOSPITAL NOT PROFIT BED	622	162	7,267,420.00	2,834,582.00	4,432,837.00
93215 HOSPITAL GOVERNMENT BED	126	39	2,439,050.00	927,111.00	1,511,939.00
80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	95	41	4,578,678.00	2,598,436.00	1,980,242.00
80211 DENTIST NOC	55	26	228,178.00	84,658.00	143,519.00
80143 SURGERY GENERAL NOC M.D.	75	33	2,931,364.00	1,511,792.00	1,419,570.00
80257 INTERNAL MED NO SURGERY M.D.	60	17	757,730.00	553,910.00	203,820.00
80154 SURGERY ORTHOPEDIC M.D.	64	26	2,190,976.00	990,376.00	1,200,600.00
80152 SURGERY NEUROLOGY M.D.	18	4	234,226.00	224,226.00	10,000.00
80999 ADD CHG PARTNERSHIP LIABILITY M.D.	85	10	244,255.00	64,255.00	180,000.00
80268 PHYSICIANS NO SURGERY NOC M.D.	59	20	1,162,578.00	724,817.00	437,761.00
80145 SURGERY UROLOGICAL M.D.	28	3	155,000.00	24,835.00	130,165.00
80325 TEACHING PHYSICIAN MAJOR SURGERY GROUP 3	5	0	0.00	0.00	0.00
80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	45	9	1,230,000.00	912,000.00	318,000.00
80267 PEDIATRICS NO SURGERY M.D.	17	8	325,000.00	72,500.00	252,500.00
80151 ANESTHESIOLOGY M.D.	26	14	2,867,732.00	2,178,180.00	689,552.00
80144 SURGERY THORACIC M.D.	15	4	75,000.00	52,500.00	22,500.00
80449 PHYS NO MAJ SURG RADIOPAQUE DYE INJECTION	1	0	0.00	0.00	0.00
80117 SURGERY GENERAL PRACTICE M.D.	25	9	360,750.00	240,336.00	120,414.00
80923 NURSE HOME FOR PROFIT BED	1 15	5	97,000.00	43,330.00	53,670.0
80420 FAMILY PHYSICIAN NO SURGERY M.D.	11	1 4	104,000.00	48,153.00	55,847.0
80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	18	5	449,444.00	149,166.00	300,278.0
  80156 SURGERY PLASTIC M.D.	24	10	684,850.00	205,527.00	479,323.0

ALL COMPANIES FOR YEAR: 87

	NUMBER OF CLAIM	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
 	REPORTS	OF CLAIMS PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
84421 FAMILY PHYSICIAN MINOR SURG D.O.	26	14	660,000.00	202,500.00	457,500.00
84284 INTERNAL MED MINOR SURG D.O.	1	1	8,500.00	0.00	8,500.00
84143 SURGERY GENERAL NOC D.O.	. 6	3	525,000.00	32,000.00	493,000.00
80998 NURSE	24	4	302,618.00	163,127.00	139,491.00.
80993 CHIROPODIST	8	4	337,000.00	139,500.00	197,500.00
80613 CLINICS OUTP ONLY FOR PROFIT VISITS	4	2	32,500.00	8,900.00	23,600.00
80322 TEACHING PHYSICIAN MINOR SURGERY	7	0	0.00	0.00	0.00
80210 DENTAL HYGIENISTS	22	14	169,914.00	76,599.00	93,315.00
80167 SURGERY GYNECOLOGY M.D.	3	0	0.00	0.00	0.00
80146 SURGERY VASCULAR M.D.	8	3	30,000.00	5,000.00	25,000.00
80114 SURGERY OPHTHALMOLOGY M.D.	8	2	163,500.00	48,500.00	115,000.00
59112 PHARMACISTS	12	9	101,300.00	23,915.00	77,385.00
84999 ADD CHG PARTNERSHIP LIABILITY D.O.	4	0	0.00	0.00	0.00
84277 GYNECOLOGY MINOR SURG D.O.	4	2	138,000.00	0.00	138,000.00
84153 SURGERY OBSTETRICS GYNECOLOGY D.O.	9	2	65,000.00	15,000.00	50,000.00
80960 NURSE ANESTHETISTS	1	0	0.00	0.00	0.00
80924 NURSE HOME NOT PROFIT BED	8	4]	20,196.00	12,696.00	7,500.00
80410 CHIROPRACTORS	6	4	207,500.00	80,000.00	127,500.00
80282 DERMATOLOGY MINOR SURGERY M.D.	1	0	0.00	0.00	0.00
80281 CARDIOVASCULAR DISEASE MINOR SURG M.D.	4	2	35,000.00	35,000.00	0.00
80261 NEUROLOGY NO SURGERY M.D.	3	10	0.00	0.00	0.00
80256 DERMATOLOGY NO SURGERY M.D.	4	1	9,563.00	9,563.00	0.00
80212 DENTIST EMPLOYED ORAL SURGERY	4	1	8,333.00	3,333.001	5,000.00

. 1988

ALL COMPANIES FOR YEAR: 87

	NUMBER  NUMBER		INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY	]				
80159 SURGERY OTORHINOLARYNGOLOGY M.D.	8	4	212,507.00	23,007.00	189,500.00
80155 SURGERY PLASTIC-OTORHINOLARYNGOLOGY MD	. 5	1	2,500.00	0.00	2,500.00
80150 SURGERY CARDIOVASCULAR DISEASE M.D.	7	1	50,000.00	50,000.00	0.00
80102 EMERGENCY MED NO SURGERY M.D.	26	14	462,206.00	323,516.00	138,690.00
80611 HOSPITAL FOR PROFIT BED	21	10	1,797,958.00	1,437,366.00	360,593.00
84420 FAMILY PHYSICIAN NO SURGERY D.O.	. 9	4	24,750.00	14,750.00	10,000.00
84268 PHYSICIANS NO SURGERY NOC D.O.	18	4	238,000.00	180,000.00	58,000.00
80614 CLINICS OUTP ONLY NOT PROFIT VISITS	16	4	269,024.00	31,250.00	237,774.00
84253 RADIOLOGY DIAGNOSTIC NO SURGERY D.O.	1 4	3	53,000.00	5,000.00	48,000.00
84154 SURGERY ORTHOPEDIC D.O.	7	3	164,000.00	60,000.00	104,000.00
80421 FAMILY PHYSICIAN MINOR SURG M.D.	9	3	80,500.00	17,100.00	63,400.00
80284 INTERNAL MED MINOR SURG M.D.	15	3	142,500.00	76,000.00	66,500.00
80249 PSYCHIATRY M.D.	10	3	46,250.00	11,250.00	35,000.00
84156 SURGERY PLASTIC D.O.	3	2	200,000.00	18,908.00	181,092.00
84151 ANESTHESIOLOGY D.O.	2	2	92,000.00	90,000.00	2,000.00
80995 PHYSIOTHERAPISTS	2	2	40,730.00	40,730.00	0.00
80992 BLOOD BANKS	2	2	116,500.00	33,250.00	83,250.00
80323 TEACHING PHYSICIAN MAJOR SURGERY GROUP 1	2	2	167,500.00	43,500.00	124,000.00
80266 PATHOLOGY NO SURGERY M.D.	14	2	90,000.00	50,000.00	40,000.00
80263 OPHTHALMOLOGY NO SURGERY M.D.	2	2	138.00	138.00	0.00
80172 MILITARY MAJOR SURGERY GROUP 1 M.D.	2	2	66,500.00	24,800.00	41,700.00
84803 CLINICS OUTP ONLY OSTEOPATH VISITS	2	1	1,000,000.00	725,000.00	275,000.00
84281 CARDIOVASCULAR DISEASE MINOR SURG D.O.	1	1	100,000.00	100,000.00	0.00

ALL COMPANIES FOR YEAR: 87

	NUMBER	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	OF CLAIM REPORTS	OF CLAIMS PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY	ļ				<u> </u>
84267 PEDIATRICS NO SURGERY D.O.	1	1	505,000.00	20,000.00	485,000.00
84261 NEUROLOGY NO SURGERY D.O.	1	1	50,000.00	18,750.00	31,250.00
84238 ENDOCRINOLOGY NO SURGERY D.O.	1	1	275,000.00	100,000.00	175,000.00
84155 SURGERY PLASTIC-OTORHINOLARYNGOLOGY DO	1	1	200,000.00	0.00	200,000.00
84152 SURGERY NEUROLOGY D.O.	] 3	1	50,000.00	50,000.00	0.00
84102 EMERGENCY MED NO SURGERY D.O.	1	1	60,000.00	0.00	60,000.00
80994 OPTOMETRISTS	2	1	3,500.00	0.00	3,500.00
80617 HOSPITAL NOT PROFIT VISITS	1	1	2,000.00	0.00	0.00
80452 ADD CHG EMPLOYED NURSE ANESTHETISTS M.D.	1	1	83,333.00	25,000.00	58,333.00
80327 TEACHING PHYSICIAN MAJOR SURGERY GROUP 5	3	1	110,000.00	5,300.00	104,700.00
80293 PEDIATRICS MINOR SURG M.D.	1	1 [	45,000.00	28,550.00	16,450.00
80289 OPHTHALMOLOGY MINOR SURG M.D.	2	1	816.00	816.00	0.00
80277 GYNECOLOGY MINOR SURG M.D.	. 3	1	300,000.00	180,000.00	120,000.00
80272 ENDOCRINOLOGY MINOR SURG M.D.	1	1	105,000.00	0.00	105,000.00
80269 PULMONARY DISEASE NO SURGERY M.D.	1	1	25,000.00	25,000.00	0.00
80260 NEPHROLOGY NO SURGERY M.D.	2	1 [	200,000.00	6,650.00	193,350.00
80255 CARDIOVASCULAR DISEASE NO SURGERY M.D.	. 2	1	175,000.00	175,000.00	0.00
80245 HEMATOLOGY NO SURGERY M.D.	1	1	200,000.00	50,000.00	150,000.00
80223 DENTIST FED GOVERNMENT NOC	2	1	10,000.00	8,000.00	2,000.00
80216 DENTIST MILITARY	2	1	95,000.00	15,000.00	80,000.00
80213 DENTIST EMPLOYED NOC	6	1	46.00	46.00]	0.00
80163 ADD CHG EMPLOYED PHYS RADIATION THERAPY	1	1	19,500.00	2,742.00	16,758.00

ALL COMPANIES FOR YEAR: 87

		NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
84280 RADIOLOGY DIAGNOSTIC MINOR SURG D.O.	3	o	0.00	0.00	0.00
80321 TEACHING PHYSICIAN NO SURGERY	5	0	0.00	0.00	0.00
80251 PSYCHOSOMATIC MEDICINE M.D.	1	0	0.00	0.00	0.00
80115 SURGERY COLON AND RECTAL M.D.	1	0	0.00	0.00	0.00
80291 OTORHINOLARYNGOLOGY MINOR SURG M.D.	1	0	0.00	0.00	0.00
84266 PATHOLOGY NO SURGERY D.O.	1	0	0.00	0.00	0.00
80422 PHYS NO MAJ SURG CATHETERIZATION M.D.	1	0	0.00	0.00	0.00
80157 EMERGENCY MED MAJOR SURG M.D.	1	0	0.00	0.00	0.00
80166 SURGERY ABDOMINAL M.D.	1	0	0.00	0.00	0.00
80610 HOSPITAL FOR PROFIT VISITS	2	0	0.00	0.00	0.00
80288 NEUROLOGY MINOR SURG M.D.	1	0	0.00	0.00	0.00
80235 PHYSICAL MED AND REHABILITATION M.D.	. 2	0	0.00	0.00	0.00
80131 MILITARY NO SURGERY M.D.	1	0	0.00	0.00	0.00
80274 GASTROENTEROLOGY MINOR SURG M.D.	1	0	0.00	0.00	0.00
84157 EMERGENCY MED MAJOR SURG D.O.	1	0	0.00	0.00	0.00
80713 X-RAY TECHNICIANS	1 1	0	0.00	0.00	0.00
80711 MEDICAL LABORATORY TECHNICIANS	1	0	0.00	0.00	0.00
80259 NEOPLASTIC DISEASE NO SURGERY M.D.	1	0	0.00	0.00	0.00
80246 INFECT DISEASE NO SURGERY M.D.	1	0	0.00	0.00	0.00
80244 GYNECOLOGY NO SURGERY M.D.	1	0	0.00	0.00	0.00
TOTAL	1,920	618	39,127,913.00	19,362,742.00	19,763,168.00

ALL COMPANIES FOR YEAR: 86

		NUMBER    OF CLAIMS	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
80612 HOSPITAL NOT PROFIT BED	668	169	16,287,785.00	2,402,641.00	2,703,937.00
193215 HOSPITAL GOVERNMENT BED	146	38	4,011,102.00	0.00	0.00
80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	113	39	4,006,024.00	467,979.00	522,871.00
80211 DENTIST NOC	48	331	430,715.00	20,023.00	40,285.00
80143 SURGERY GENERAL NOC M.D.	102	41	3,089,852.00	919,754.00	975,411.00
80257 INTERNAL MED NO SURGERY M.D.	62	23	1,697,800.00	314,045.00	203,500.00
80154 SURGERY ORTHOPEDIC M.D.	61	20	1,240,083.00	242,061.00	232,439.00
80152 SURGERY NEUROLOGY M.D.	21	7	3,131,500.00	1,806,496.00	1,125,004.00
80999 ADD CHG PARTNERSHIP LIABILITY M.D.	119	23	2,595,197.00	4,500.00	0.00
80268 PHYSICIANS NO SURGERY NOC M.D.	38	13	999,105.00	197,754.00	292,882.00
80145 SURGERY UROLOGICAL M.D.	28	10	890,021.00	581,239.00	187,282.00
80325 TEACHING PHYSICIAN MAJOR SURGERY GROUP 3	6	0	0.00	0.00	0.00
80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	31	3	197,530.00	197,530.00	0.00
80267 PEDIATRICS NO SURGERY M.D.	9	3	100,000.00	0.00	0.00
80151 ANESTHESIOLOGY M.D.	33	13	845,355.00	168,604.00	576,751.00
80144 SURGERY THORACIC M.D.	17	7	504,325.00	0.00	0.00
80449 PHYS NO MAJ SURG RADIOPAQUE DYE INJECTION MD	1	1 1	75,000.00	0.00	0.00
80117 SURGERY GENERAL PRACTICE M.D.	25	6	1,110,500.00	0.00	0.00
80923 NURSE HOME FOR PROFIT BED	12	7	53,238.00	15,077.00	8,500.00
80420 FAMILY PHYSICIAN NO SURGERY M.D.	14	41	35,500.00	13,849.00	14,651.00
80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	9	1	17,500.00	0.00	0.00
80156 SURGERY PLASTIC M.D.	17	91	190,297.00	30,000.00	0.00

ALL COMPANIES FOR YEAR: 86

/ <del></del>	NUMBER	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
84421 FAMILY PHYSICIAN MINOR SURG D.O.	26	14	496,250.00	68,750.00	160,000.00
84284 INTERNAL MED MINOR SURG D.O.	. 5	0	0.00	0.00	0.00
84143 SURGERY GENERAL NOC D.O.	7	3	104,750.00	0.00	101,250.00
80998 NURSE	19	4	61,219.00	42,500.00	0.00
80993 CHIROPODIST	6	5	129,250.00	46,450.00	82,800.00
80613 CLINICS OUTP ONLY FOR PROFIT VISITS	8	3	353,538.00	226,964.00	125,000.00
80210 DENTAL HYGIENISTS	34	24	529,511.00	99,189.00	19,724.00
80167 SURGERY GYNECOLOGY M.D.	3	2	50,422.00	0.00	3,500.00
80146 SURGERY VASCULAR M.D.	3	1	137,500.00	99,963.00	37,537.00
80114 SURGERY OPHTHALMOLOGY M.D.	13	4	252,000.00	0.00	0.00
59112 PHARMACISTS	15	9	35,588.00	6,623.00	16,799.00
84999 ADD CHG PARTNERSHIP LIABILITY D.O.	11	3	41,300.00	25,000.00	10,000.00
84277 GYNECOLOGY MINOR SURG D.O.	2	1	13,850.00	0.00	13,850.00
84153 SURGERY OBSTETRICS GYNECOLOGY D.O.	. 2	1	73,000.00	22,384.00	50,616.00
80924 NURSE HOME NOT PROFIT BED	3	2	105,000.00	0.00	20,000.00
80410 CHIROPRACTORS	5	3	58,500.00	15,000.00	38,000.00
80287 NEPHROLOGY MINOR SURG M.D.	2	1	248,386.00	248,386.00	0.00
80281 CARDIOVASCULAR DISEASE MINOR SURG M.D.	! 8	3	60,000.00	5,000.00	30,000.00
80261 NEUROLOGY NO SURGERY M.D.	[ 6	1	7,500.00	0.00	0.00
80256 DERMATOLOGY NO SURGERY M.D.	2	. 0	0.00	0.00	0.00
80212 DENTIST EMPLOYED ORAL SURGERY	1 24	11	1,030,096.00	10,000.00	0.00
80159 SURGERY OTORHINOLARYNGOLOGY M.D.	1 9	] 3	806,100.00	600.00	5,500.00
180155 SURGERY PLASTIC-OTORHINOLARYNGOLOGY MD	7	3	5,335.00	0.00	0.00

ALL COMPANIES FOR YEAR: 86

	NUMBER	NUMBER OF CLAIMS	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
80150 SURGERY CARDIOVASCULAR DISEASE M.D.	6	1	5,000.00	0.00	5,000.00
80102 EMERGENCY MED NO SURGERY M.D.	28	12	646,500.00	63,831.00	31,169.00
80611 HOSPITAL FOR PROFIT BED	13	7	390,681.00	198,431.00	92,250.00
84420 FAMILY PHYSICIAN NO SURGERY D.O.	9	5	142,500.00	20,000.00	122,500.00
84268 PHYSICIANS NO SURGERY NOC D.O.	17	8	239,418.00	0.00	91,550.00
80614 CLINICS OUTP ONLY NOT PROFIT VISITS	6	3	135,000.00	5,000.00	0.00
84253 RADIOLOGY DIAGNOSTIC NO SURGERY D.O.	4	1 !	7,500.00	0.00	7,500.00
84154 SURGERY ORTHOPEDIC D.O.	13	4	435,000.00	0.00	300,000.00
80421 FAMILY PHYSICIAN MINOR SURG M.D.	28	14	2,281,427.00	85,287.00	204,713.00
80284 INTERNAL MED MINOR SURG M.D.	12	0	0.00	0.00	0.00
80249 PSYCHIATRY M.D.	9	4	57,500.00	2,500.00	0.00
84156 SURGERY PLASTIC D.O.	2	2	75,000.00	10,000.00	0.00
84151 ANESTHESIOLOGY D.O.	6	4	1,021,900.00	0.00	21,900.00
80995 PHYSIOTHERAPISTS	1	1	781.00	781.00	0.00
80323 TEACHING PHYSICIAN MAJOR SURGERY GROUP 1	1	0	0.00]	0.00	0.00
80266 PATHOLOGY NO SURGERY M.D.	4	1	1,500.00	150.00	1,350.00
80172 MILITARY MAJOR SURGERY GROUP 1 M.D.	1	0	0.00	0.00	0.00
84803 CLINICS OUTP ONLY OSTEOPATH VISITS	1	1	4,100.00	0.00	4,100.00
84261 NEUROLOGY NO SURGERY D.O.	2	0	0.00	0.00	0.00
84155 SURGERY PLASTIC-OTORHINOLARYNGOLOGY DO	7	3	257,500.00	0.00	0.00
84152 SURGERY NEUROLOGY D.O.	2	1	50,000.00	0.00	0.00
84102 EMERGENCY MED NO SURGERY D.O.	1	0	0.00	0.00	0.00
80994 OPTOMETRISTS	3	21	200,077.00	50,000.001	150,000.00

ALL COMPANIES FOR YEAR: 86

	NUMBER OF CLAIM	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
80617 HOSPITAL NOT PROFIT VISITS	1	1	22,500.00	0.00	22,500.00
80327 TEACHING PHYSICIAN MAJOR SURGERY GROUP 5	4	3	53,000.00	28,000.00	25,000.00
80293 PEDIATRICS MINOR SURG M.D.	7	5	898,500.00	25,000.00	671,000.00
80289 OPHTHALMOLOGY MINOR SURG M.D.	2	0	0.00	0.00	0.00
80277 GYNECOLOGY MINOR SURG M.D.	2	0	0.00	0.00	0.00
80260 NEPHROLOGY NO SURGERY M.D.	2	1	248,386.00	248,386.00	0.00
80255 CARDIOVASCULAR DISEASE NO SURGERY M.D.	. 4	0	0.00	0.00	0.00
80216 DENTIST MILITARY	1	1	600,000.00	0.00	0.00
80213 DENTIST EMPLOYED NOC	21	7	200,000.00	169,522.00	13,478.00
80292 PATHOLOGY MINOR SURG M.D.	3	3	300,000.00	0.00	0.00
84965 HOSPITAL OSTEOPATH BED	5	1	2,000.00	0.00	2,000.00
84452 ADD CHG EMPLOYED NURSE ANESTHETISTS D.O.	1	1	150,000.00	150,000.00	0.00
84443 PHYS NO MAJ SURG PNEUMATIC DILATATION D.O.	2	1	50,000.00	0.00	0.00
84280 RADIOLOGY DIAGNOSTIC MINOR SURG D.O.	4	1	30,000.00	30,000.00	0.00
80945 EMPLOYED PHYSIOTHERAPISTS	1	1	_. 55.00	0.00	0.00
80916 MENTAL INSTITUTE NOT PROFIT BED	1	1	15,000.00	0.00	0.00
80321 TEACHING PHYSICIAN NO SURGERY	[ 6	1	230.00	230.00	0.00
80252 RHEUMATOLOGY NO SURGERY M.D.	1	1	2,337.00	0.00	0.00
80251 PSYCHOSOMATIC MEDICINE M.D.	1	1	100,000.00	50,000.00	50,000.00
80177 ADD CHG EMPLOYED PHYSICIAN M.D.	1	1	577.00	577.00	0.00
80158 SURGERY OTOLOGY M.D.	1	1	45,000.00	0.00	0.00
80115 SURGERY COLON AND RECTAL M.D.	[ 2	1	7,500.00	0.00	0.00
184145 SURGERY UROLOGICAL D.O.	2	i o	0.00	0.00	0.00

ALL COMPANIES FOR YEAR: 86

		NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
84289 OPHTHALMOLOGY MINOR SURG D.O.	3	0	0.00	0.00	0.00
84266 PATHOLOGY NO SURGERY D.O.	1	0	0.00	0.00	0.00
80422 PHYS NO MAJ SURG CATHETERIZATION M.D.	1	0	0.00	0.00	0.00
80412 PARTNERSHIP LIABILITY CHIROPRACTORS	1	0	0.00	0.00	0.00
80166 SURGERY ABDOMINAL M.D.	1	0	0.00	0.00	0.00
80141 SURGERY CARDIAC M.D.	2	0	0.00	0.00	0.00
84291 OTORHINOLARYNGOLOGY MINOR SURG D.O.	1	0	0.00	0.00	0.00
80288 NEUROLOGY MINOR SURG M.D.	1	0	0.00	0.00	0.00
80241 GASTROENTEROLOGY NO SURGERY M.D.	1	0	0.00	0.00	0.00
80235 PHYSICAL MED AND REHABILITATION M.D.	3	0	0.00	0.00	0.00
80997 MENTAL INSTITUTE FOR PROFIT BED	2	0	0.00	0.00	0.00
80254 ALLERGY M.D.	1	0	0.00	0.00	0.00
80259 NEOPLASTIC DISEASE NO SURGERY M.D.	1	0	0.00	0.00	0.00
80244 GYNECOLOGY NO SURGERY M.D.	1	0	0.00	0.00	0.00
93211 CLINICS OUTP ONLY GOVERNMENT VISITS	2	0	0.00	0.00	0.00
84428 PHYS NO MAJ SURG PNEUMONENCEPHALOGRAPHY DO	1	0	0.00	0.00	0.00
84293 PEDIATRICS MINOR SURG D.O.	1	0	0.00	0.00	0.00
84282 DERMATOLOGY MINOR SURGERY D.O.	1	0	0.00	0.00	0.00
80238 ENDOCRINOLOGY NO SURGERY M.D.	1	0	0.00	0.00	0.00
80215 DENTIST INSURED X-RAY THERAPY	1	0	0.00	0.00	0.00
80162 ADD CHG INSURED PHYS SHOCK THERAPY M.D.	1	0	0.00	0.00	0.00
TOTAL	2,079	6781	54,783,993.00	9,436,056.00	9,414,099.00

ALL COMPANIES FOR YEAR: 85

		NUMBER   OF CLAIMS	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIĆ DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
80612 HOSPITAL NOT PROFIT BED	450	144	12,192,008.00	115,615.00	205,500.00
93215 HOSPITAL GOVERNMENT BED	123	39	991,047.00	0.00	0.00
80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	87	42	3,040,859.00	0.00	0.00
80211 DENTIST NOC	54	37	988,939.00	0.00	0.00
80143 SURGERY GENERAL NOC M.D.	77	38	3,835,630.00	34,000.00	44,318.00
80257 INTERNAL MED NO SURGERY M.D.	44	17	1,058,804.00	0.00	0.00
80154 SURGERY ORTHOPEDIC M.D.	60	16	1,407,750.00	0.00	0.00
80152 SURGERY NEUROLOGY M.D.	19	9	731,299.00	0.00	0.00
80999 ADD CHG PARTNERSHIP LIABILITY M.D.	69	17	779,542.00	0.00	0.00
80268 PHYSICIANS NO SURGERY NOC M.D.	26	13	1,389,330.00	0.00	0.00
80145 SURGERY UROLOGICAL M.D.	21	9	227,375.00	0.00	0.00
80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	25	7	416,175.00	0.00	0.00
80267 PEDIATRICS NO SURGERY M.D.	25	13	822,779.00	0.00	0.00
80151 ANESTHESIOLOGY M.D.	26	12	564,915.00	0.00	0.00
80144 SURGERY THORACIC M.D.	11	5	770,104.00	0.00	0.00
80449 PHYS NO MAJ SURG RADIOPAQUE DYE INJECTION MD	1	Q	0.00	0.00	0.00
80117 SURGERY GENERAL PRACTICE M.D.	. 25	6	899,559.00	0.00	0.00
80923 NURSE HOME FOR PROFIT BED	7	1	30,000.00	0.00	0.00
80420 FAMILY PHYSICIAN NO SURGERY M.D.	11	3	53,833.00	0.00	0.00
80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	12	6	147,500.00	0.00	0.00
80156 SURGERY PLASTIC M.D.	26	11	514,083.00	0.00	0.00
84421 FAMILY PHYSICIAN MINOR SURG D.O.	23	11	667,098.00	0.00	0.00

ALL COMPANIES FOR YEAR: 85

	NUMBER IOF CLAIM	NUMBER OF CLAIMS	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
 	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
84284 INTERNAL MED MINOR SURG D.O.	2	1	500.00	0.00	0.00
84143 SURGERY GENERAL NOC D.O.	! 4	3	201,800.00	0.00	0.00
80998 NURSE	9	6	323,398.00	0.00	0.00
80613 CLINICS OUTP ONLY FOR PROFIT VISITS	5	3	76,000.00	0.00	0.00
80210 DENTAL HYGIENISTS	28	18	313,767.00	800.00	0.00
80167 SURGERY GYNECOLOGY M.D.	3	1	77,502.00	0.00	0.00
80146 SURGERY VASCULAR M.D.	2	0	0.00	0.00	0.00
80114 SURGERY OPHTHALMOLOGY M.D.	9	2	85,000.00	0.00	0.00
59112 PHARMACISTS	13	5	4,425.00	0.00	0.00
84999 ADD CHG PARTNERSHIP LIABILITY D.O.	7	3	249,645.00	0.00	0.00
84153 SURGERY OBSTETRICS GYNECOLOGY D.O.	5	2	67,800.00	0.00	0.00
80960 NURSE ANESTHETISTS	1	0	0.00	0.00	0.00
80924 NURSE HOME NOT PROFIT BED	4	4	62,617.00	0.00	0.00
80410 CHIROPRACTORS	5	4	94,000.00	0.00	0.00
80281 CARDIOVASCULAR DISEASE MINOR SURG M.D.	] 2	1	95,000.00	0.00	0.00
80261 NEUROLOGY NO SURGERY M.D.	4	1	200,000.00	0.00	0.00
80256 DERMATOLOGY NO SURGERY M.D.	1	0	0.00	0.00	0.00
80212 DENTIST EMPLOYED ORAL SURGERY	3	0	0.00	0.00	0.00
80159 SURGERY OTORHINOLARYNGOLOGY M.D.	[ 4]	3	301,500.00	0.00	0.00
80155 SURGERY PLASTIC-OTORHINOLARYNGOLOGY MD	2	1 !	2,500.00	0.00	0.00
80150 SURGERY CARDIOVASCULAR DISEASE M.D.	2	1	2,000.00	0.00	0.00
80102 EMERGENCY MED NO SURGERY M.D.	20	6	459,138.00	. 0.00	0.00
80611 HOSPITAL FOR PROFIT BED	11	4 [	31,785.00	0.001	0.00

ALL COMPANIES FOR YEAR: 85

	NUMBER   NUMBER   OF CLAIM   OF CLAIMS		INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
84420 FAMILY PHYSICIAN NO SURGERY D.O.	3	1	2,500.00	0.00	0.00
84268 PHYSICIANS NO SURGERY NOC D.O.	23	12	331,752.00	0.00	0.00
80614 CLINICS OUTP ONLY NOT PROFIT VISITS	8	1	1,000.00	0.00	0.00
84154 SURGERY ORTHOPEDIC D.O.	11	7	917,243.00	0.00	0.00
80421 FAMILY PHYSICIAN MINOR SURG M.D.	20	9	1,052,050.00	0.00	0.00
80284 INTERNAL MED MINOR SURG M.D.	1	1	1,200.00	0.00	0.00
80249 PSYCHIATRY M.D.	6	0	0.00	0.00	0.00
84151 ANESTHESIOLOGY D.O.	2	2	36,000.00	0.00	0.00
80266 PATHOLOGY NO SURGERY M.D.	2	0	0.00	0.00	0.00
84803 CLINICS OUTP ONLY OSTEOPATH VISITS	3	1	6,250.00	0.00	0.00
84155 SURGERY PLASTIC-OTORHINOLARYNGOLOGY DO	2	2	101,334.00	0.00	0.00
84102 EMERGENCY MED NO SURGERY D.O.	2	1	52,500.00	0.00	0.00
80994 OPTOMETRISTS	2	1	10,800.00	0.00	0.00
80293 PEDIATRICS MINOR SURG M.D.	1	1	300,000.00	0.00	0.00
80277 GYNECOLOGY MINOR SURG M.D.	3	1	3,750.00	0.00	0.00
180269 PULMONARY DISEASE NO SURGERY M.D.	4	2	261,289.00	10,833.00	10,833.00
80255 CARDIOVASCULAR DISEASE NO SURGERY M.D.	3	2	35,000.00	0.00	0.00
80245 HEMATOLOGY NO SURGERY M.D.	1	[ 0	0.00	0.00	0.00
80223 DENTIST FED GOVERNMENT NOC	1	1	2,000.00	0.00	0.00
80216 DENTIST MILITARY	1	1	206,021.00	0.00	0.00
84965 HOSPITAL OSTEOPATH BED	[ 10	4	221,210.00	0.00	0.00
84443 PHYS NO MAJ SURG PNEUMATIC DILATATION D.O.	1	[ 0	0.00	0.00	0.00
80252 RHEUMATOLOGY NO SURGERY M.D.	1 1	1 1	200,000.00	0.00	0.00

ALL COMPANIES FOR YEAR: 85

	NUMBER	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
_	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
80251 PSYCHOSOMATIC MEDICINE M.D.	1	0	0.00	0.00	0.00
80177 ADD CHG EMPLOYED PHYSICIAN M.D.	1	0	0.00	0.00	0.00
80158 SURGERY OTOLOGY M.D.	1	1	22,000.00	0.00	0.00
00000 NO AVAILABLE DEFINITION	43	14	272,494.00	0.00	0.00
84145 SURGERY UROLOGICAL D.O.	4	4.	122,425.00	0.00	0.00
80291 OTORHINOLARYNGOLOGY MINOR SURG M.D.	2	2	16,000.00	0.00	0.00
80132 MILITARY MINOR SURGERY M.D.	4	2	23,000.00	0.00	0.00
92216 NURSE HOME GOVERNMENT VISITS	2	1	2,006.00	0.00	0.00
84289 OPHTHALMOLOGY MINOR SURG D.O.	1,	1 [	15,000.00	0.00	0.00
84266 PATHOLOGY NO SURGERY D.O.	9	1	33,000.00	0.00	0.00
84254 ALLERGY D.O.	1	1	500.00	0.00	0.00
80422 PHYS NO MAJ SURG CATHETERIZATION M.D.	1	1	15,000.00	0.00	0.00
80412 PARTNERSHIP LIABILITY CHIROPRACTORS	1	1	15,000.00	0.00	0.00
80265 OTORHINOLARYNGOLOGY NO SURGERY M.D.	2	1	10,000.00	0.00	0.00
80234 PHARMACOLOGY CLINICAL M.D.	2	1	1,750.00	0.00	0.00
80233 OCCUPATIONAL MED M.D.	1	1	5,000.00	0.00	0.00
80157 EMERGENCY MED MAJOR SURG M.D.	1	1	123,325.00	0.00	0.00
80108 SURGERY NEPHROLOGY M.D.	1	1	370,402.00	0.00	0.00
80610 HOSPITAL FOR PROFIT VISITS	1	0	0.00	0.00	0.00
80288 NEUROLOGY MINOR SURG M.D.	3	0	0.00	0.00	0.00
80713 X-RAY TECHNICIANS	1	0	0.00	0.00	0.00
80246 INFECT DISEASE NO SURGERY M.D.	1	0	0.00	0.00	0.00
80238 ENDOCRINOLOGY NO SURGERY M.D.	1	01	0.00	0.00	0.00

#### ALL COMPANIES FOR YEAR: 85

		NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS		TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY				!	
80162 ADD CHG INSURED PHYS SHOCK THERAPY M.D.	2	0	0.00	0.00	0.00
84167 SURGERY GYNECOLOGY D.O.	2	0	0.00	0.00	0.00
91213 MENTAL INSTITUTE GOVERNMENT BED	1	0	0.00	0.00	0.00
80171 SURGERY TRAUMATIC M.D.	1	0	0.00	0.00	0.00
TOTAL	1,570	610	38,965,807.00	161,248.00	260,651.00

ALL YEARS 1979-1988

	NUMBER  NUMBER    OF CLAIM  OF CLAIMS -		INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
 	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
80612 HOSPITAL NOT PROFIT BED	3,842	1,040	62,300,881.00	7,471,952.00	10,718,377.00
80211 DENTIST NOC	460	325	3,422,979.00	140,464.00	358,849.00
80153 SURGERY OBSTETRICS GYNECOLOGY M.D.	660	292	22,215,917.00	4,975,780.00	3,374,823.00
80143 SURGERY GENERAL NOC M.D.	574	256	17,083,968.00	3,493,496.00	3,261,332.00
93215 HOSPITAL GOVERNMENT BED	818	209	9,930,321.00	1,519,467.00	2,314,346.00
80154 SURGERY ORTHOPEDIC M.D.	453	195	11,112,870.00	1,398,318.00	1,784,225.00
80999 ADD CHG PARTNERSHIP LIABILITY M.D.	553	150	11,131,014.00	1,196,557.00	678,197.00
80421 FAMILY PHYSICIAN MINOR SURG M.D.	267	121	6,986,598.00	102,387.00	268,113.00
80257 INTERNAL MED NO SURGERY M.D.	324	109	5,926,726.00	1,644,669.00	809,647.00
80268 PHYSICIANS NO SURGERY NOC M.D.	205	94	5,469,421.00	1,143,571.00	1,187,307.00
80117 SURGERY GENERAL PRACTICE M.D.	209	92	5,192,408.00	442,836.00	333,914.00
80151 ANESTHESIOLOGY M.D.	187	87	9,862,494.00	2,552,884.00	1,542,812.00
00000 NO AVAILABLE DEFINITION	431	83	3,392,257.00	0.00	0.00
80210 DENTAL HYGIENISTS	124	79	1,132,142.00	180,288.00	120,839.00
80420 FAMILY PHYSICIAN NO SURGERY M.D.	139	63	2,367,868.00	694,502.00	290,498.00
80611 HOSPITAL FOR PROFIT BED	127	62	3,974,280.00	1,635,797.00	452,843.00
80102 EMERGENCY MED NO SURGERY M.D.	166	61	2,372,638.00	387,347.00	169,859.00
80156 SURGERY PLASTIC M.D.	146	56	2,277,330.00	298,027.00	534,323.00
80145 SURGERY UROLOGICAL M.D.	157	55	3,301,815.00	977,462.00	689,801.00
84421 FAMILY PHYSICIAN MINOR SURG D.O.	107	53 [	2,951,744.00	283,250.00	783,500.00
80923 NURSE HOME FOR PROFIT BED	90	50	981,679.00	196,541.00	336,341.00
80267 PEDIATRICS NO SURGERY M.D.	106	50	3,582,505.00	1,066,500.00	352,500.00
80212 DENTIST EMPLOYED ORAL SURGERY	981	48	3,172,619.00	63,333.00	55,000.00

#### ALL YEARS 1979-1988

	INUMBER IOF CLAIM	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	OF CLAIMS	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
84268 PHYSICIANS NO SURGERY NOC D.O.	80	46	1,751,926.00	180,000.00	149,550.00
80152 SURGERY NEUROLOGY M.D.	122	44	6,554,522.00	2,723,519.00	1,554,804.00
80280 RADIOLOGY DIAGNOSTIC MINOR SURG M.D.	181	37	2,921,628.00	1,679,530.00	329,000.00
59112 PHARMACISTS	57	37	163,746.00	33,538.00	96,184.00
80144 SURGERY THORACIC M.D.	1 80	34	2,976,427.00	348,249.00	384,249.00
80924 NURSE HOME NOT PROFIT BED	55	33	409,029.00	25,642.00	40,446.00
80114 SURGERY OPHTHALMOLOGY M.D.	72	31	1,467,309.00	74,822.00	520,678.00
84154 SURGERY ORTHOPEDIC D.O.	52	26	2,161,767.00	60,000.00	404,000.00
80253 RADIOLOGY DIAGNOSTIC NO SURGERY M.D.	88	26	919,738.00	191,166.00	307,278.00
80998 NURSE	1 87	24	841,164.00	230,627.00	139,491.00
180613 CLINICS OUTP ONLY FOR PROFIT VISITS	49	23	967,679.00	240,864.00	149,850.00
  80410 CHIROPRACTORS	32	22	413,198.00	100,000.00	169,250.00
84143 SURGERY GENERAL NOC D.O.	32	17	1,207,050.00	60,250.00	632,250.00
80249 PSYCHIATRY M.D.	<u> </u>	16	258,797.00	13,750.00	35,000.00
80159 SURGERY OTORHINOLARYNGOLOGY M.D.	1 40	16	1,712,812.00	30,107.00	[ 228,500.00
84999 ADD CHG PARTNERSHIP LIABILITY D.O.	38	15	838,741.00	27,580.00	13,420.00
80155 SURGERY PLASTIC-OTORHINOLARYNGOLOGY MD	35	13	209,885.00	5,000.00	22,500.00
80993 CHIROPODIST	19	12	696,750.00	226,450.00	466,300.00
80293 PEDIATRICS MINOR SURG M.D.	16	12	2,254,042.00	53,550.00	687,450.00
80146 SURGERY VASCULAR M.D.	34	12	539,800.00	254,963.00	103,337.00
84420 FAMILY PHYSICIAN NO SURGERY D.O.	26	11	171,875.00	34,750.00	132,500.00
80167 SURGERY GYNECOLOGY M.D.	32	11	199,174.00	6,750.00	3,500.00
84151 ANESTHESIOLOGY D.O.	1 14	10	1,903,900.00	90,000.00	23,900.00

#### ALL YEARS 1979-1988

		NUMBER OF CLAIMS	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
 	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					,
80614 CLINICS OUTP ONLY NOT PROFIT VISITS	38	10	457,524.00	36,250.00	237,774.00
84284 INTERNAL MED MINOR SURG D.O.	15	9	142,050.00	13,250.00	16,500.00
84153 SURGERY OBSTETRICS GYNECOLOGY D.O.	23	9	1,523,179.00	987,384.00	100,616.00
80284 INTERNAL MED MINOR SURG M.D.	53	9	318,700.00	76,000.00	66,500.00
84965 HOSPITAL OSTEOPATH BED	24	8	685,268.00	0.00	2,000.00
80281 CARDIOVASCULAR DISEASE MINOR SURG M.D.	25	8	565,000.00	220,000.00	30,000.00
80277 GYNECOLOGY MINOR SURG M.D.	28	8	325,330.00	180,000.00	120,000.00
80213 DENTIST EMPLOYED NOC	27	8	200,046.00	169,568.00	13,478.00
84155 SURGERY PLASTIC-OTORHINOLARYNGOLOGY DO	14	7	562,834.00	0.00	200,000.00
80994 OPTOMETRISTS	16	7	223,222.00	50,000.00	153,500.00
80266 PATHOLOGY NO SURGERY M.D.	1 43	7	231,750.00	50,150.00	41,350.00
80172 MILITARY MAJOR SURGERY GROUP 1 M.D.	11	7	101,750.00	24,800.00	41,700.00
80166 SURGERY ABDOMINAL M.D.	16	7	212,650.00	0.00	0.00
80294 PHYSICIAN MINOR SURGERY NOC M.D.	1 8	6	116,807.00	0.00	0.00
80292 PATHOLOGY MINOR SURG M.D.	7	6	562,650.00	0.00	0.00
80256 DERMATOLOGY NO SURGERY M.D.	15	6	71,136.00	9,563.00	35,000.00
80234 PHARMACOLOGY CLINICAL M.D.	1 8	6	51,250.00	0.00	0.00
80223 DENTIST FED GOVERNMENT NOC	9	6	76,000.00	8,000.00	2,000.00
80157 EMERGENCY MED MAJOR SURG M.D.	10	6	303,575.00	0.00	0.00
84253 RADIOLOGY DIAGNOSTIC NO SURGERY D.O.	11	5	63,000.00	5,000.00	55,500.00
84156 SURGERY PLASTIC D.O.	8	5	290,750.00	28,908.00	181,092.00
80617 HOSPITAL NOT PROFIT VISITS	7	51	575,473.00	0.001	22,500.00

ALL YEARS 1979-1988

	NUMBER   NUMBER    OF CLAIM  OF CLAIMS!		INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					+
80449 PHYS NO MAJ SURG RADIOPAQUE DYE INJECTION MD	9	5	480,000.00	158,239.00	 
80325 TEACHING PHYSICIAN MAJOR SURGERY GROUP 3	25	5		0.00	+
80282 DERMATOLOGY MINOR SURGERY M.D.	7	5	92,150.00	28,000.00	+
80255 CARDIOVASCULAR DISEASE NO SURGERY M.D.	18	5			
80233 OCCUPATIONAL MED M.D.	9	51			+
80150 SURGERY CARDIOVASCULAR DISEASE M.D.	29	 5	465,000.001	50,000.00	+
84277 GYNECOLOGY MINOR SURG D.O.	9	4	+	600.00	
84145 SURGERY UROLOGICAL D.O.	6		122,425.00	0.00	0.00
80954 SANITARIUM NOT PROFIT VISITS	t   6	   4	139,000.001	0.00	0.00
80610 HOSPITAL FOR PROFIT VISITS	12	+   4	12,500.00	0.00	
80327 TEACHING PHYSICIAN MAJOR SURGERY GROUP 5	8	+  4	163,000.001	33,300.00	129,700.00
80291 OTORHINOLARYNGOLOGY MINOR SURG M.D.	7	+ 4	23,703.00	0.00	0.00
80269 PULMONARY DISEASE NO SURGERY M.D.	7	+ 4}	636,289.001	35,833.00	10,833.00
80261 NEUROLOGY NO SURGERY M.D.	29	+ 4	258,250,001	750.00	
80141 SURGERY CARDIAC M.D.	7	 41	82,000.001	0.00	0.00
84803 CLINICS OUTP ONLY OSTEOPATH VISITS	8	3	1,010,350.001	725,000.00	279,100.00
84280 RADIOLOGY DIAGNOSTIC MINOR SURG D.O.	11	3	43,750.001	30,000.00	
80995 PHYSIOTHERAPISTS	   3	3	41,511.00	41,511.00	0.00
80992 BLOOD BANKS	4	3	117,250.00	33,250.00	83,250.00
80960 NURSE ANESTHETISTS	+  8	31	960.001	670.00	
80916 MENTAL INSTITUTE NOT PROFIT BED	3	31	24.750.001	0.00	
80326 TEACHING PHYSICIAN MAJOR SURGERY GROUP 4	+  5	 3 l	37,500.00	7,500.00	

#### ALL YEARS 1979-1988

 	NUMBER	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TÓTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
80289 OPHTHALMOLOGY MINOR SURG M.D.	8	3	120,816.00	816.00	0.00
80288 NEUROLOGY MINOR SURG M.D.	11	3	211,500.00	0.00	0.00
80260 NEPHROLOGY NO SURGERY M.D.	6	3	458,386.00	255,036.00	193,350.00
80216 DENTIST MILITARY	5	3	901,021.00	15,000.00	80,000.00
80116 PHYSICIAN OR SURGEONS ASSISTANTS M.D.	5	3	90,160.00	0.00	0.00
80115 SURGERY COLON AND RECTAL M.D.	7	3	44,700.00	0.00	0.00
84266 PATHOLOGY NO SURGERY D.O.	13	2	182,726.00	0.00	0.00
84152 SURGERY NEUROLOGY D.O.	5	2	100,000.00	50,000.00	0.00
84102 EMERGENCY MED NO SURGERY D.O.	7	2	112,500.00	0.00	60,000.00
80926 SANITARIUM NOT PROFIT BED	4	2	5,247.00	0.00	0.00
80917 MENTAL INSTITUTE NOT PROFIT VISITS	2	2	484.00	0.00	0.00
80452 ADD CHG EMPLOYED NURSE ANESTHETISTS M.D.	2	2	84,803.00	25,000.00	58,333.00
80323 TEACHING PHYSICIAN MAJOR SURGERY GROUP 1	3	2	167,500.00	43,500.00	124,000.00
80322 TEACHING PHYSICIAN MINOR SURGERY	11	2	255,000.00	100,000.00	560,000.00
80287 NEPHROLOGY MINOR SURG M.D.	3	2	378,386.00	294,337.00	84,049.00
80265 OTORHINOLARYNGOLOGY NO SURGERY M.D.	3	2	10,900.00	0.00	0.00
80263 OPHTHALMOLOGY NO SURGERY M.D.	6	2	138.00	138.00	0.00
80254 ALLERGY M.D.	6	2	55,000.00	0.00	0.00
80252 RHEUMATOLOGY NO SURGERY M.D.	2	2	202,337.00	0.00	0.00
80241 GASTROENTEROLOGY NO SURGERY M.D.	4	2	51,500.00	0.00	0.00
80235 PHYSICAL MED AND REHABILITATION M.D.	14	2	35,000.00	0.00	0.00
80168 SURGERY OBSTETRICS M.D.	2	2	57,500.00	0.00	40,000.00

#### ALL YEARS 1979-1988

	INUMBER IOF CLAIM	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	OF CLAIMS	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY					
80163 ADD CHG EMPLOYED PHYS RADIATION THERAPY M.D.	2	. 2	219,500.00	2,742.00	16,758.00
80158 SURGERY OTOLOGY M.D.	2	2	67,000.00	0.00	0.00
80132 MILITARY MINOR SURGERY M.D.	7	2	23,000.00	0.00	0.00
80108 SURGERY NEPHROLOGY M.D.	4	2	480,402.00	0.00	0.00
92216 NURSE HOME GOVERNMENT VISITS	2	1	2,006.00	0.00	0.00
84452 ADD CHG EMPLOYED NURSE ANESTHETISTS D.O.	1	1	150,000.00	150,000.00	0.00
84443 PHYS NO MAJ SURG PNEUMATIC DILATATION D.O.	] 3	1	50,000.00	0.00	0.00
84291 OTORHINOLARYNGOLOGY MINOR SURG D.O.	2	1	300,000.00	0.00	0.00
84289 OPHTHALMOLOGY MINOR SURG D.O.	. 6	1	15,000.00	0.00	0.00
84281 CARDIOVASCULAR DISEASE MINOR SURG D.O.	1	1	100,000.00	100,000.00	0.00
84267 PEDIATRICS NO SURGERY D.O.	1	1	505,000.00	20,000.00	485,000.00
84261 NEUROLOGY NO SURGERY D.O.	3	1	50,000.00	18,750.00	31,250.00
84257 INTERNAL MED NO SURGERY D.O.	2	1	60,000.00	0.00	0.00
84256 DERMATOLOGY NO SURGERY D.O.	1	1	1,250.00	0.00	0.00
  84254 ALLERGY D.O.	] 1	1	500.00	0.00	0.00
84249 PSYCHIATRY D.O.	1	1	2,500.00	0.00	0.00
84238 ENDOCRINOLOGY NO SURGERY D.O.	1	1	275,000.00	100,000.00	175,000.00
184175 MILITARY MAJOR SURGERY GROUP 4 D.O.	1	1	15,000.00	0.00	0.00
84172 MILITARY MAJOR SURGERY GROUP 1 D.O.	[ 1	] 1	2,000.00	0.00	0.00
80997 MENTAL INSTITUTE FOR PROFIT BED	5	1	250,000.00	0.90	0.00
80951 NURSE HOME FOR PROFIT VISITS	ļ 1	! 1	7,750.00	0.00	0.00
80945 EMPLOYED PHYSIOTHERAPISTS	1	1	55.00	0.00	0.00

ALL YEARS 1979-1988

	NUMBER	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	OF CLAIM REPORTS	OF CLAIMS	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY	_				<u> </u>
80937 OPTICIANS	- 1	1	1,200.00	0.00	0.00
80925 SANITARIUM FOR PROFIT BED	! 1	1	2,000.00	0.00	0.00
80715 MEDICAL OR X-RAY LABORATORY	5	1	12,000.00	0.00	0.00
80422 PHYS NO MAJ SURG CATHETERIZATION M.D.	1 4	1	15,000.00	0.00	0.00
80412 PARTNERSHIP LIABILITY CHIROPRACTORS	. 2	1	15,000.00	0.00	0.00
80321 TEACHING PHYSICIAN NO SURGERY	12	1	230.00	230.00	0.00
80278 HEMATOLOGY MINOR SURG M.D.	. 3	[ 1]	12,500.00	0.00	0.00
80272 ENDOCRINOLOGY MINOR SURG M.D.	. 2	1	105,000.00	0.00	105,000.00
80258 LARYNGOLOGY NO SURGERY M.D.	1	1	5,000.00	0.00	0.00
80251 PSYCHOSOMATIC MEDICINE M.D.	3	1	100,000.00	50,000.00	50,000.00
80245 HEMATOLOGY NO SURGERY M.D.	5	1	200,000.00	50,000.00	150,000.00
80225 DENTIST FED GOVERNMENT ORAL SURGERY	2	1	5,000.00	0.00	0.00
80217 DENTIST MILITARY X-RAY THERAPY	1	1	10,000.00	0.00	0.00
80177 ADD CHG EMPLOYED PHYSICIAN M.D.		1	577.00	577.00	0.00
80174 MILITARY MAJOR SURGERY GROUP 3 M.D.	. 2	1	104,040.00	0.00	0.00
80170 SURGERY HEAD AND NECK M.D.	1	1	3,500.00	0.00	0.00
80148 ADD CHG EMPLOYED TECH RADIUM M.D.	1	1	2,500.00	0.00	0.00
80131 MILITARY NO SURGERY M.D.	4	1	2,000.00	0.00	0.00
80106 SURGERY LARYNGOLOGY M.D.	1	1	49,035.00	0.00	0.00
80104 SURGERY GASTROENTEROLOGY M.D.	1	1	20,000.00	0.00	0.00
80244 GYNECOLOGY NO SURGERY M.D.	5	0	0.00	0.00	0.00
80274 GASTROENTEROLOGY MINOR SURG M.D.	! 3	0	0.00	0.00	0.00
80259 NEOPLASTIC DISEASE NO SURGERY M.D.	1 3	01	0.001	0.001	0.00

	NUMBER	NUMBER   IM   OF CLAIMS -	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID ]	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
PROFESSION SPECIALTY		[			
80162 ADD CHG INSURED PHYS SHOCK THERAPY M.D.	3	l ol	0.00	0.00	0.00
93211 CLINICS OUTP ONLY GOVERNMENT VISITS	. 2	0	0.00	0.00	0.00
84167 SURGERY GYNECOLOGY D.O.	2	0	0.00	0.00	0.0
80713 X-RAY TECHNICIANS	2	0	0.00	0.00	0.0
80262 NUCLEAR MEDICINE M.D.	[ 2	0	0.00	0.00	0.0
80246 INFECT DISEASE NO SURGERY M.D.	2	0 0	0.00	0.00	0.0
80243 GERIATRICS NO SURGERY M.D.	. 2	0	0.00	0.00	0.0
80238 ENDOCRINOLOGY NO SURGERY M.D.	[ 2	0	0.00	0.00	0.0
91213 MENTAL INSTITUTE GOVERNMENT BED	1	0,	0.00	0.00	0.0
84428 PHYS NO MAJ SURG PNEUMONENCEPHALOGRAPHY DO	1 1	0	0.00	0.00	0.0
84293 PEDIATRICS MINOR SURG D.O.	1	i 0i	0.00	0.00	0.0
84282 DERMATOLOGY MINOR SURGERY D.O.	1	I 0	0.00	0.00	0.0
84263 OPHTHALMOLOGY NO SURGERY D.O.	1	0	0.00	0.00	0.0
84244 GYNECOLOGY NO SURGERY D.O.	j 1	0	0.00	0.00	0.0
84233 OCCUPATIONAL MED D.O.	1	0	0.00	0.00	0.0
84157 EMERGENCY MED MAJOR SURG D.O.	1 1	0	0.00	0.00	0.0
80952 NURSE HOME NOT PROFIT VISITS	1	[ 0]	0.00	0.00	0.0
80711 MEDICAL LABORATORY TECHNICIANS	1	0	0.00	0.00	0.0
80443 PHYS NO MAJ SURG PNEUMATIC DILATATION M.D.	1	0	0.00	0.00	0.0
80428 PHYS NO MAJ SURG PNEUMONENCEPHALOGRAPHY MD	1 	0	0.00	0.00	0.0
80425 PHYS NO MAJ SURG RADIATION THERAPY M.D.	1	0	0.00	0.00	0.
80276 GERIATRICS MINOR SURGERY M.D.	1	0	0.00	0.00	0.
80264 OTOLOGY NO SURGERY M.D.	1	0	0.00	0.00	0.

#### ALL YEARS 1979-1988

		NUMBER   NUMBER   OF CLAIM   OF CLAIMS   REPORTS   PAID			ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE TOTAL AMOUNT	
	ON SPECIALTY  NTIST INSURED X-RAY THERAPY	 †       1	       0	0.00	0.00	0.00	
80171 SU	RGERY TRAUMATIC M.D.	 †   1	t	0.00	0.00	0.00	
TOTAL		12,463	4,496	250,310,614.00	43,011,187.00	41,812,027.00	

#### TABLE X

### Company Indemnity Analsis (By Name of Company)

This table shows the claim activity of each insurer as reported to us each year. If insurers are not reporting claims as they should, we will be contacting them concerning disciplinary measures we may find necessary to employ in order to acquire greater attention to detail on their part. We do intend to maintain a full and accurate data base in this line of business.

This table is sorted by the number of paid claims.

#### DEPT OF ECO. DEV. - DIVISION OF INSURANCE COMPANY INDEMNITY ANALYSIS 1987

	NUMBER OF CLAIM REPORTS	NUMBER    OF CLAIMS    PAID	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE   
COMPANY NAME:	† 				 
MISSOURI PROFESSIONAL LIABILITY INSASSO	l 1 407	114	5,752,556.00	2,739,014.00	3,013,542.00
MEDICAL DEFENSE ASSOCIATES	320	102	8,872,167.00	6,139,857.00	2,732,310.00
MEDICAL PROTECTIVE COMPANY	222	86	3,721,258.00	1,299,831.00	2,421,424.00
ST PAUL FIRE & MARINE INSURANCE CO	222	73	6,466,198.00	3,271,154.00	3,195,044.00
PROFESSIONAL MUTUAL INS CO	110	46	2,073,588.00	644,088.00	1,429,500.00
MISSOURI MEDICAL INSURANCE COMPANY	165	28	3,389,535.00	981,181.00	2,408,354.00
AETNA CASUALTY AND SURETY COMPANY	53	25	1,080,067.00	299,274.00	780,793.00
PROVIDERS INS CO	118	25	1,531,210.00	486,169.00	1,045,041.00
RISK CONTROL ASSOCIATES INC	29	17	1,730,838.00	963,768.00	767,070.00
NATIONAL UNION FIRE INS CO OF PITTSBURG	12	10	210,500.00	114,250.00	96,250.00
CONTINENTAL CASUALTY COMPANY	23	8	29,134.00	20,541.00	8,593.00
FEDERAL INSURANCE COMPANY	! 7	7	135,655.00	63,655.00	72,000.00
MISSOURI HOSPITAL PLAN	13	7	49,482.00	20,984.00	28,497.00
ARGONAUT MIDWEST INSURANCE COMPANY	. 8	5	1,273,936.00	1,128,746.00	145,190.00
DRUGGISTS MUTUAL INSURANCE COMPANY	7	5	23,800.00	9,915.00	13,885.00
RESEARCH MEDICAL CENTER	1 17	5	26,557.00	25,557.00	1,000.00
ST LOUIS UNIVERSITY MEDICAL CENTER	32	5	452,500.00	54,800.00	397,700.00
CURATORS OF THE UNIVERSITY OF MISSOURI	8	4	448,500.00	220,000.00	228,500.00
ST PAUL MERCURY INSURANCE COMPANY	. 6	4	88,151.00	4,151.00	84,000.00
AMERICAN HOME ASSURANCE COMPANY	] 3	3	26,435.00	23,095.00	3,340.00
BARNES HOSPITAL	16	3	77,312.00	0.00	77,312.00
GULF INSURANCE COMPANY	6	3	218,500.00	103,500.00	115,000.00
LESTER E COX MEDICAL CENTER	1 4	3	44,500.00	25,700.00	18,800.00

#### DEPT OF ECO. DEV. - DIVISION OF INSURANCE COMPANY INDEMNITY ANALYSIS 1987

 	NUMBER	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	
	OF CLAIM REPORTS	OF CLAIMS	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT	
COMPANY NAME:	!	! !			 	
STANDARD FIRE INSURANCE COMPANY	5	3	220,000.00	75,300.00	144,700.00	
WESTERN CASUALTY AND SURETY COMPANY	3	3	32,545.00	32,545.00	0.00	
CHICAGO INSURANCE COMPANY	9	2	36,500.00	36,500.00	0.00	
CONTINENTAL INSURANCE COMPANY THE	3	2	102,000.00	10,000.00	90,000.00	
GUARANTY NATIONAL INSURANCE COMPANY	1 4	2	116,500.00	33,250.00	83,250.00	
NATIONAL MEDICAL ENTERPRISES INC	] 3	2	85,000.00	38,846.00	46,154.00	
ST LUKES HOSPITAL - KANSAS CITY	. 5	2	130,000.00	55,900.00	74,100.00	
VIGILANT INSURANCE COMPANY	. 2	2	50,000.00	25,000.00	25,000.00	
ARGONAUT INSURANCE COMPANY	2	1	100,000.00	100,000.00	0.00	
ATLANTIC INSURANCE COMPANY	2	1	90,000.00	90,000.00	0.00	
DEPAUL HEALTH CENTER	11	1	12,000.00	12,000.00	0.00	
MARYLAND CASUALTY COMPANY	1	1 !	338,497.00	169,249.00	169,249.00	
MISSOURI BAPTISTS HOSPITAL	1 4	1	14,000.00	6,020.00	7,980.00	
NATIONAL CHIROPRACTIC MUTUAL INS CO	2	1	2,500.00	2,500.00	0.00	
SAFECO INSURANCE CO OF AMERICA -	1	1	16,667.00	2,647.00	14,020.00	
ST ANTHONYS MEDICAL CENTER	1	1	1,750.00	1,750.00	0.00	
ST ELIZABETH'S HOSPITAL-HANNIBAL	2	1	1,575.00	1,575.00	0.00	
ST JOSEPH HEALTH CENTER - KANSAS CITY	1	1	25,000.00	0.00	25,000.00	
TRUMAN MEDICAL CENTER	6	1	1,000.00	430.00	570.00	
UNITED STATES FIDELITY & GUARANTY CO	2	1	30,000.00	30,000.00	0.00	
JEWISH HOSPITAL OF ST LOUIS	[ 21	0	0.00	0.00	0.00	
MENORAH MEDICAL CENTER	13	0	0.00	0.00	0.00	
CHRISTIAN HOSPITAL	2	01	0.00	0.001	0.00	

## DEPT OF ECO. DEV. - DIVISION OF INSURANCE COMPANY INDEMNITY ANALYSIS 1987

	NUMBER	NUMBER		ECONOMIC DAMAGE	INON-ECONOMIC DAMAGE	
	REPORTS		TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT	
COMPANY NAME:					!	
ST JOSEPHS HOSPITAL-ST CHARLES	2	0	0.00	0.00	0.00	
ST PAUL INSURANCE CO OF ILLINOIS THE	2	0	0.00	0.00	0.00	
CARDINAL GLENNONS HOSPITAL	1	0	0.00	0.00	0.00	
HARTFORD ACCIDENT & INDEMNITY CO	1	0	0.00	0.00	0.00	
ST MARYS HOSPITAL-KANSAS CITY	1	0	0.00	0.00	0.00	
TOTAL	1,920	618	39,127,913.00	19,362,742.00	19,763,168.00	

#### DEPT OF ECO. DEV. - DIVISION OF INSURANCE COMPANY INDEMNITY ANALYSIS 1986

   	NUMBER	NUMBER	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
COMPANY NAME:	į				
MISSOURI PROFESSIONAL LIABILITY INSASSO	491	126	10,744,408.00	94,541.00	72,759.00
MEDICAL PROTECTIVE COMPANY	242	. 107	6,595,114.00	1,001,679.00	1,500,358.00
MEDICAL DEFENSE ASSOCIATES	315	89	7,009,494.00	2,217,070.00	331,636.00
ST PAUL FIRE & MARINE INSURANCE CO	286	82	7,760,666.00	207,463.00	217,948.00
PROFESSIONAL MUTUAL INS CO	140	65	3,060,418.00	543,750.00	1,220,500.00
AETNA CASUALTY AND SURETY COMPANY	93	34	3,496,796.00	349,470.00	745,677.00
MISSOURI MEDICAL INSURANCE COMPANY	163	34	2,925,702.00	750,589.00	796,669.00
PROVIDERS INS CO	106	24	917,291.00	2,084.00	0.00
FEDERAL INSURANCE COMPANY	35	21	666,156.00	237,580.00	28,478.00
CONTINENTAL CASUALTY COMPANY	29	11	91,144.00	450.00	0.00
RISK CONTROL ASSOCIATES INC	20	11	268,637.00	18,050.00	8,750.00
GULF INSURANCE COMPANY	11	9	165,535.00	53,527.00	95,800.00
BARNES HOSPITAL	14	8	699,629.00	539,629.00	160,000.00
ARGONAUT MIDWEST INSURANCE COMPANY	10	6	511,520.00	399,270.00	. 12,250.00
DRUGGISTS MUTUAL INSURANCE COMPANY	7	6	26,422.00	4,642.00	9,780.00
INSURANCE CORPORATION OF AMERICA	13	5	2,233,000.00	22,384.00	50,616.00
NATIONAL UNION FIRE INS CO OF PITTSBURG	5	4	225,448.00	94,224.00	94,224.00
RESEARCH MEDICAL CENTER	4	4	54,208.00	34,908.00	19,300.00
ST LOUIS UNIVERSITY MEDICAL CENTER	28	4	54,000.00	28,000.00	26,000.00
NATIONAL CHIROPRACTIC MUTUAL INS CO	4	3	58,500.00	15,000.00	38,000.00
AMERICAN CONTINENTAL INSURANCE CO	2	2	3,050,348.00	985,655.00	2,064,693.00
CONTINENTAL INSURANCE COMPANY THE	2	2	45,000.00	25,000.00	20,000.00
DEPAUL HEALTH CENTER	3	2	40,930.00	130.00	40,800.00

# DEPT OF ECO. DEV. - DIVISION OF INSURANCE COMPANY INDEMNITY ANALYSIS 1986

	I NUMBER	NUMBER    OF CLAIMS	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE	
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT	
COMPANY NAME:		!				
EMPIRE FIRE AND MARINE INSURANCE CO	2	2	23,500.00	15,000.00	8,500.00	
HARTFORD ACCIDENT & INDEMNITY CO	. 2	2	205,822.00	100,461.00	105,361.00	
STANDARD FIRE INSURANCE COMPANY	. 9	2	600,000.00	230,000.00	370,000.00	
CHICAGO INSURANCE COMPANY	2	1 . 1	55.00	0.00	0.00	
CURATORS OF THE UNIVERSITY OF MISSOUR!	2	1 1	100,000.00	0.00	100,000.00	
JEFFERSON INSURANCE CO OF NEW YORK	1	1 1	28,000.00	0.00	0.00	
LESTER E COX MEDICAL CENTER	1	1	50,000.00	20,000.00	30,000.00	
MARYLAND CASUALTY COMPANY	1	1	156,000.00	0.00	0.00	
MULTI MEDICAL INSURANCE COMPANY	1	1 1	91,000.00	16,000.00	75,000.00	
PACIFIC INDEMNITY COMPANY	1	1	100,000.00	100,000.00	0.00	
PRUDENTIAL PROPERTY & CASUALTY INS CO	1	[ 1]	10,000.00	0.00	0.00	
ST JOSEPH HEALTH CENTER - KANSAS CITY	1	1	2,300,000.00	1,300,000.00	1,000,000.00	
ST PAUL MERCURY INSURANCE COMPANY	2	[ 1]	196,000.00	25,000.00	171,000.00	
UNITED STATES FIDELITY & GUARANTY CO	1	1	133,750.00	0.00	0.00	
VIGILANT INSURANCE COMPANY	2	1	4,500.00	4,500.00	0.00	
WESTERN CASUALTY AND SURETY COMPANY	[ 1	1	85,000.00	0.00	0.00	
JEWISH HOSPITAL OF ST LOUIS	22	. 0	0.00	0.00	0.00	
NATIONAL MEDICAL ENTERPRISES INC	2	0	0.00	0.00	0.00	
ARGONAUT INSURANCE COMPANY	1	. 0	0.00	0.00	0.00	
CONTINENTAL WESTERN INSURANCE CO	1	. 0	0.00	0.00	0.00	
TOTAL	2,079	678	54,783,993.00	9,436,056.00	9,414,099.00	

#### DEPT OF ECO. DEV. - DIVISION OF INSURANCE COMPANY INDEMNITY ANALYSIS 1985

	NUMBER	NUMBER OF CLAIMS	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	TOTAL AMOUNT
COMPANY NAME:					
MEDICAL PROTECTIVE COMPANY	235	137	7,687,668.00	10,833.00	10,833:00
MISSOURI PROFESSIONAL LIABILITY INSASSO	381	122	3,163,427.00	0.00	0.00
PROFESSIONAL MUTUAL INS CO	159	79	5,428,331.00	0.00	0.00
MEDICAL DEFENSE ASSOCIATES	229	60	4,688,392.00	0.00	0.00
ST PAUL FIRE & MARINE INSURANCE CO	138	59	9,184,850.00	800.00	0.00
AETNA CASUALTY AND SURETY COMPANY	69	33	1,738,566.00	149,615.00	249,818.00
PROVIDERS INS CO	100	23	283,463.00	0.00	0.00
STANDARD FIRE INSURANCE COMPANY	36	23	1,398,925.00	0.00	0.00
MISSOURI MEDICAL INSURANCE COMPANY	127	22	1,474,286.00	0.00	0.00
FEDERAL INSURANCE COMPANY	25	16	1,204,489.00	0.00	0.00
RISK CONTROL ASSOCIATES INC	10	6	70,500.00	0.00	0.00
CONTINENTAL CASUALTY COMPANY	14	5	13,427.00	0.00	0.00
NATIONAL CHIROPRACTIC MUTUAL INS CO	5	4 !	34,000.00	0.00	. 0.00
CHJCAGO INSURANCE COMPANY	2	2	4,036.00	0.00	0.00
DRUGGISTS MUTUAL INSURANCE COMPANY	4	2	675.00	0.00	0.00
MARYLAND CASUALTY COMPANY	2	2	1,200,000.00	0.00	0.00
PRUDENTIAL PROPERTY & CASUALTY INS CO	2	2	77,000.00	0.00	0.00
ST PAUL MERCURY INSURANCE COMPANY	8	2	3,550.00	0.00	0.00
UNITED STATES FIDELITY & GUARANTY CO	4	2	106,000.00	0.00	0.00
WESTERN CASUALTY AND SURETY COMPANY	2	2	60,000.00	0.00	0.00
CONTINENTAL INSURANCE COMPANY THE	2	1	55,000.00	0.00	0.00
EMPIRE FIRE AND MARINE INSURANCE CO	4	1	30,000.00	0.00	0,00
GENERAL INSURANCE CO OF AMERICA	3	1	13,472.00	0.001	0.00

#### DEPT OF ECO. DEV. - DIVISION OF INSURANCE COMPANY INDEMNITY ANALYSIS 1985

	I NUMBER	NUMBER    OF CLAIMS	INDEMNITY	ECONOMIC DAMAGE	NON-ECONOMIC DAMAGE !
	REPORTS	PAID	TOTAL AMOUNT	TOTAL AMOUNT	I TOTAL AMOUNT
COMPANY NAME:				+ 	+  
HARTFORD ACCIDENT & INDEMNITY CO	1	1	40,000.00	0.00	0.00
NATIONAL UNION FIRE INS CO OF PITTSBURG	1	1	750.00	0.00	t    0.00
NORTH RIVER INSURANCE COMPANY THE	1	f	1,000,000.00	0.00	+
VIGILANT INSURANCE COMPANY	1	1	5,000.00	0.00	1 0.00
INSURANCE CORPORATION OF AMERICA	3	0	0.00	0.00	t    0.00
ARGONAUT INSURANCE COMPANY	2	0	0.00	0.00	+    0.00
ARGONAUT MIDWEST INSURANCE COMPANY	1	0	0.00	0.00	1 0.00
TOTAL	1,571	610	38,965,807.00	161,248.00	t    260,651.00

#### TABLE XI

#### Claim Dispositions

This table tracks the legal disposition of the claims through our judicial system. The claims are divided into two general categories: those for the plaintiff and those for the defendant. The column headings that are abbreviated mean as follows:

- INC-RPT Average number of months from date of incident to date of first report to insurer.
- INC-DSP Average number of months from date of incident to date of closure of claim by insurer.
- AVG-SEV Average severity of loss for those claims.

#### MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT DIVISION OF INSURANCE DISPOSITION OF CLAIM - 1987

ALL COMPANIES

DISPOSITION	CLAIM RPTS	%	INC RPT	INC DSP	AVG SEV	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF PLAINTIFF									
BEFORE FILING SUIT OR HEARING BEFORE TRIAL OR HEARING NOT SPECIFIED	157 217 1	25.40 35.11 .16	8 23	16 53 2	3 5 2	5,252 31,464 151	9,376 31,851	14,641 63,315 151	941 10,746
TOTAL SETTLED	375	60.67	17	37	4	20,406	22,356	42,768	6,612
COURT DISPOSITIONS									
DIRECTED VERDICT FOR PLAINTIFF JUDGEMENT FOR PLAINTIFF FOR PLAINTIFF AFTER APPEAL ALL OTHER ,	3 14 3 223	.48 2.26 .48 36.08	79 19 21 20	91	4 5 6 5	40,000 122,846 98,000 42,943	17,500 91,619 92,000 43,803	57,500 214,465 190,000 86,746	13,279 31,117 41,462 13,403
TOTAL COURT DISPOSITIONS	243	39.32	20	56	.5	48,190	46,828	95,018	14,769
TOTAL PAID CLAIM DISPOSITIONS	618	100.00	18	45	4	31,331	31,979	63,313	9,819

DISPOSITION	CLAIM RPTS	%	INC RPT	INC DSP	AVG SEV	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF DEFENDENT CLAIM OR SUIT ABANDONED	749	57.52	14	31	4				1,473
COURT DISPOSITIONS									
DIRECTED VERDICT FOR DEFENDENT JUDGEMENT NWS FOR PLAINTIFF JUDGEMENT FOR DEFENDANT FOR DEFENDANT AFTER APPEAL ALL OTHERS INCLUDING DISMISSALS	20 5 70 9 449	1.53 .38 5.37 .69 34.48	34 16 23 15 22	58 42 57 71 52	5 4 4				11,327 6,442 15,156 13,316 5,774
TOTAL COURT DISPOSITIONS	553	42.47	22	53	4				7,291
TOTAL UNPAID CLAIM DISPOSITIONS	1,302	100.00	17	41	4			•	3,944

DISPOSITION	CLAIM RPTS	%	INC RPT	INC DSP	AVG SEV	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF PLAINTIFF									
BEFORE FILING SUIT OR HEARING BEFORE TRIAL OR HEARING DURING TRIAL OR HEARING NOT SPECIFIED	200 268 1 1	29.49 39.52 .14 .14	23	17 52 52 54	3 4 9 6	3,834 16,787	2,456 15,311	19,091 74,448 5,000 33,185	1,293 11,056 1,115 5,431
TOTAL SETTLED	470	69.32	17	37	4	11,204	9,775	50,656	6,868
COURT DISPOSITIONS									
DIRECTED VERDICT FOR PLAINTIFF JUDGEMENT NWS VERDICT FOR DEFENDANT JUDGEMENT FOR PLAINTIFF FOR PLAINTIFF AFTER APPEAL ALL OTHER	5 1 14 4 184	.73 .14 2.06 .58 27.13	16 23 12 7 19	48 86 57 48 51	2 8 5 5 5	42,400 30,376 35,007 18,438	3,600 75,990 20,312	60,286 1,000,000 221,492 312,070 137,635	12,860 210,543 31,196 59,172 15,398
TOTAL COURT DISPOSITIONS	208	30.67	18	51	5	20,048	23,170	148,920	18,180
TOTAL PAID CLAIM DISPOSITIONS	678	100.00	17	42	4	13,917	13,885	80,802	10,339

DISPOSITION	CLAIM RPTS	%	INC RPT	INC DSP	AVG SEV	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF DEFENDENT									
CLAIM OR SUIT ABANDONED	1,048	74.80	14	31	4				1,453
COURT DISPOSITIONS									
DIRECTED VERDICT FOR DEFENDENT JUDGEMENT NWS FOR PLAINTIFF JUDGEMENT FOR DEFENDANT FOR DEFENDANT AFTER APPEAL ALL OTHERS INCLUDING DISMISSALS	25 5 47 9 267	1.78 .35 3.35 .64 19.05	17 16 19 17 19	53 58 62 65 50	3 5 5 4				8,890 4,878 17,552 14,570 6,113
TOTAL COURT DISPOSITIONS	353	25.19	19	52	4				8,031
TOTAL UNPAID CLAIM DISPOSITIONS	1,401	100.00	15	36	4				3,110

DISPOSITION	CLAIM RPTS	%	INC RPT	INC DSP	AVG SEV	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF PLAINTIFF									
BEFORE FILING SUIT OR HEARING BEFORE TRIAL OR HEARING	149 310	24.42 50.81	7 22	15 52		63 12	36 25	12,560 59,103	908 7,578
TOTAL SETTLED	459	75.24	17	40	4	29	29	43,994	5,413
COURT DISPOSITIONS									
DIRECTED VERDICT FOR PLAINTIFF JUDGEMENT NWS VERDICT FOR DEFENDANT JUDGEMENT FOR PLAINTIFF FOR PLAINTIFF AFTER APPEAL ALL OTHER	18 2 17 3 111	2.95 .32 2.78 .49 18.19	15 12 30 9 16	46 77 65 54 46	4 5 5 5 5	1,331	2,226	142,875 25,500 445,778 108,049 74,297	9,288 13,098 20,804 17,740 10,895
TOTAL COURT DISPOSITIONS	151	24.75	17	49	5	979	1,636	124,319	11,984
TOTAL PAID CLAIM DISPOSITIONS	610	100.00	17	42	4	264	427	63,878	7,040

DISPOSITION	CLAIM RPTS	%	INC RPT	INC DSP	AVG SEV	AVG ECONOMIC DAMAGE	AVG NON-ECON DAMAGE	AVG INDEMNITY PER CLAIM	AVG EXPENSE PER CLAIM
IN FAVOR OF DEFENDENT	700		10	20					4 714
CLAIM OR SUIT ABANDONED	780	81.16	12	30	4				1,741
COURT DISPOSITIONS									
DIRECTED VERDICT FOR DEFENDENT JUDGEMENT NWS FOR PLAINTIFF JUDGEMENT FOR DEFENDANT FOR DEFENDANT AFTER APPEAL ALL OTHERS INCLUDING DISMISSALS	21 6 27 2 125	2.18 .62 2.80 .20 13.00	18 8 14 21 22	61 27 55 80 47	4 3 5 2 4				12,182 6,447 15,183 2,164 4,326
TOTAL COURT DISPOSITIONS	181	18.83	20	50	4				6,903
TOTAL UNPAID CLAIM DISPOSITIONS	961	100.00	14	34	4				2,714

#### TABLE XII

### Financial Data in Market Share Order (Derived from Page 14 Supplement)

The source of these tables is independent of the closed claim data used for all the preceding tables. The matter here is financial. These reports show which insurer writes premium in five categories of malpractice insurance:

- A Physicians and Surgeons
- B Dentists
- C Nurses
- D Hospitals
- E Other
- F Total

The reports are sequenced by market share and show the name of the insurer, the premium written, premium earned, losses paid, losses incurred, cash flow loss ratio, true loss ratio and percent unpaid. Percent unpaid is deductible from the true loss ratio, since it is calculated thus:

Losses Incurred - Lossed Paid Premium Earned

#### MISSOURI DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAM	ме	
1 2 3 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 1 1 2 3 1 4 5 6 7 1 1 2 2 1 2 2 3	000 164 000 000 000 861 999 218 000 164 048 185 079 218 000 861 999 218 000 861 999 218	32654 24767 36668 33367 11843 27642 44024 20443 36633 24791 35289 25534 22810 4083 20427 15865 40401 22748 00090 19445 33863	\$14,996,94 \$14,603,40 \$13,062,92 \$12,917,10 \$7,802,65 \$2,331,96 \$1,592,67 \$1,334,25 \$1,104,88 \$1,593,77 \$971,40	14.95 14.56 13.02 19.12.88 14.7.778 2.324 3.1.588 0.1.330 1.050 0.968 8.0.839 0.610 0.968 8.0.610 9.0.600 9.0.564 0.477 0.408 0.477 0.408 0.266 0.172	ST PAUL FIRMISSOURI MI RISK CONTROMEDICAL PROMEDICAL PROMESSIONA CONTINENTAL INSURANCE OF PREMIER ALL TRANSAMERIC CHICAGO INSURANSAMERICAN CANATIONAL CHECKNOTO CHICAGO INSURANTONAL CHECKNOTO CHICAGO INSURATIONAL CHECKNOTO CHICAGO INSURATIONAL CHECKNOTO CONTROVIDERS PACIFIC EMI AMERICAN CONTROVIDERS PACIFICAN CONTROVIDERS PACIF	CASUALTY COM CORPORATION OF LIANCE INSURANCE COID INSURANCE COID INSURANCE COID INSURANCE COMPANTA SUALTY COOFICIANS MUTHOR COPENSE INSURANCE COPENTA SUALTY COOFICIANS COPENTA SUALTY COOFICIANS COPENTA INSURAL INSU	SURANCE CO CE COMPANY INC INC RISK RETENTION PANY AMERICA CE CO E COMPANY MPANY THE OMPANY Y RISK RETENT GP READING PA TUAL INS CO NCE COMPANY URANCE CO
OBS	PREMIT EARNEI		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
12345678901123145678901223	\$18, 436, \$17,772, \$8,507, \$11,717, \$11,733, \$7,802, \$1,724, \$275, \$1,294, \$275, \$1,009, \$960, \$586, \$536, \$536, \$5,374, \$330, \$188, \$231, \$131,	064 973 3441 2654 857 610 113 9156 927 638 997 2228 707 368 461 461	\$8,785,899 \$6,336,645 \$4,774,886 \$1,733,749 \$3,521,266 \$143,447 \$471,090 \$197,144 \$1,000 \$100,764 \$224,900 \$173,137 \$0 \$1,573 \$2,800 \$1,094,810 \$-1,285 \$0 \$522,043 \$7,872,926	\$3,886,756 \$13,483,476 \$8,251,130 \$14,549,349 \$9,453,713 \$2,231,777 \$1,539,575 \$-790,014 \$270,707 \$204,564 \$637,797 \$219,900 \$698,559 \$356,909 \$115,240 \$471,916 \$53,995 \$2,539,628 \$925,629 \$113,100 \$-49,816 \$7,775,885	21.1 75.9 97.0 124.2 82.0 28.6 183.8 -45.9 74.1 63.2 22.9 83.0 60.3 91.6 10.1 47.3 280.1 -36.0 -21.5 5925.0	38.2 42.3 32.7 13.3 27.3 1.8 20.2 12.4 0.0 9.6 23.2 0.0 28.3 0.3 0.5 228.6 -0.3 0.0 303.4 5998.9	-27 40 41 109 51 27 128 -57 21 74 53 -1 83 31 50 91 10 27 280 -37 60 -247 -74

#### MISSOURI DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

OBS			PREMIUM WRITTEN		COMPANY NAME .	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	
456789012345678901234456789012345666666666666666666666666666666666666	GROUP 7751 7832 0001 1892 2186 0791 0212 0790 0790 0790 0790 0790 0790 0790 079	137356 13757 13956 13757 13956 13757 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956 13956	\$121,356 \$82,114 \$71,954 \$63,296 \$56,846 \$42,595	0.121 0.082 0.072 0.063 0.057 0.042	DRUGGISTS MUTUAL INSURANCE COMPANY HARTFORD ACCIDENT & INDEMNITY CO RLI INSURANCE COMPANY INSURANCE CO OF THE STATE OF PA	\$117,944 \$477,574 \$66,433 \$72,526 \$39,572 \$102,365	LOSSES PAID \$14,500 \$15,000 \$0 \$0 \$111,750	LOSSES	LOSS RATIO -60 9623 972-643 -130 1220 111056 12766 12766 000 000 000 000 000 000 000 000 000		
66 67 68 69 70 71 72 73 74	095 143 143 163 164 232 020 304	22519 22527 23906 23914 24732 24775 25895 26107 32352	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0.000 0.000 0.000 0.000 0.000 0.000	HOME INDEMNITY COMPANY THE HOME INSURANCE COMPANY THE NORTHWESTERN NATIONAL CASUALTY CO NORTHWESTERN NATIONAL INS CO GENERAL INSURANCE CO OF AMERICA ST PAUL GUARDIAN INSURANCE COMPANY UNITED STATES LIABILITY INSURANCE CO NORDIA INSURANCE COMPANY PRUDENTIAL PROPERTY & CASUALTY INS CO	\$132 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$86 \$47,632 \$772 \$0 \$0 \$0	\$-28,000 \$0 \$85 \$47,632 \$-2,210 \$-47 \$-776 \$-93,925 \$-39,832	-155556 0 0 0 0 0	0.0 0.0 0.0 0.0 0.0 0.0	-155556 0 0 0 0 0

#### MISSOURI DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

OBS	NAIC	NAIC	PREMI	UM MARKET	COMPANY N	AME		
	GROUP	CODE	WRITT	EN SHARE				
75 76 77 78 79	711 008 163 020 215	35718 36455 24740 26093 19828	\$-1,4 \$-2,0	89 <b></b> 002 70 <b></b> 009 ==	PHICO INS NORTHBROO SAFECO IN WESTERN C ARGONAUT	K INDEMI SURANCE ASUALTY	CO OF A	AMERICA RETY COMPANY NCE COMPANY
OBS	PREN EARN	MIUM NED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO		FLOW RATIO	PERCENT UNPAID
75 76 77 78 79	\$8, \$-9, ======	====	\$0 \$0 \$16,667 \$24,687 \$1,950,175	\$453 \$26,400 \$149,554 \$-105,382 \$-303,552	0.0 0.0 25093.0 -1250.2 3310.3	-1	0 0 1138 1182 1267	0.0 0.0 22296.5 -1543.1 24577.2
	\$92,404,	278	\$41,422,853	\$69,587,141	75.31%	4	1.29%	30.48%

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE PHYSICIANS AND SURGEONS EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

			LX LITTEROL TO	1907 111 1112	SIAIL OF IT	15500111	
OBS	NAIC GROUP	NA1C CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAM	ΜE	
1 2 3 4 5 6 7 8 9 0 11 12 3 14 15 17 18 19 20 12 21 22	000 000 000 164 999 218 000 999 076 999 861 783 048 091 164 610 929 414	32654 36668 33367 11843 24767 44024 20443 28800 36633 44083 22810 000948 40401 13056 35289 294791 11401 12246 17680	\$22,776,194 \$14,603,4253 \$12,138,253 \$11,001,392 \$9,362,865 \$2,331,965 \$1,431,467 \$1,334,250 \$1,304,881 \$612,358 \$511,025 \$180,831 \$79,064 \$71,954 \$68,559 \$11,984 \$548 \$548 \$548 \$548 \$548 \$548 \$548 \$5	29.24 18.75 15.58 14.12 12.02 2.994 1.838 1.713 1.418 0.786 0.656 0.343 0.232 0.102 0.092 0.088 0.015 0.006 0.001 0.000 0.000	MISSOURI MERISK CONTROMEDICAL PROST PAUL FIF PROFESSION/CONTINENTAL INSURANCE OF PREMIER ALI PREFERRED IN CONTINENTAL PROVIDERS RLI INSURANCONTINENTAL TWIN CITY IN HARTFORD FIST PAUL MERICAN CONTROLL C	L CASUALTY COM CORPORATION OF LIANCE INSURAN PHYSICIANS MUT SURANCE COMPAN DEFENSE ASSOC PLOYERS INSURA	ICE COMPANY INC INC INY ISURANCE CO RISK RETENTION IPANY I AMERICA ICE CO RISK RETENT GP Y IIATION INCE COMPANY IMPANY THE ICOMPANY IECOMPANY IECOMPANY INCE COMPANY INCE COMPANY INCE COMPANY INCE COMPANY INCE COMPANY
OBS	PREMI EARNE		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1234567890112314567890122122	\$1,294 \$275 \$229 \$486 \$188 \$208 \$47 \$66 \$61 \$12	,973 ,020 ,020 ,227 ,857 ,793 ,113 ,915 ,257	\$8,765,899 \$4,774,886 \$1,733,149 \$3,227,765 \$5,165,613 \$471,090 \$578,787 \$1,000 \$0 \$0 \$2,500 \$0 \$143,300 \$143,300 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	\$3,886,756 \$8,251,130 \$14,549,349 \$8,260,961 \$9,699,236 \$1,539,575 \$-1,487,118 \$270,707 \$204,564 \$115,240 \$325,037 \$113,100 \$105,066 \$63,869 \$63,869 \$15,000 \$-66,539 \$-7,538 \$-394	21 97 130 82 76 184 -181 21 74 50 67 60 -67 96 0 122 -17105 0	38.487 32.697 14.278 29.340 55.171 20.201 40.433 0.075 0.000 0.000 0.489 0.000 0.000 181.246 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	-27 41 114 50 36 128 -251 21 74 50 66 60 50 -372 96 0 122 -17105 0 0

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE PHYSICIANS AND SURGEONS EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	:	
2345678901234567890123444444444444444444444444444444444444	001 001 008 021 038 038 038 218 218 901 052 041 041 041 143 163 163	19038 19062 19070 19232 19747 20281 20346 20354 20397 20427 20478 20699 20702 21105 21113 22209 22217 22233 23906 23914 24732 24740	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	AUTOMOBILE I STANDARD FIR ALLSTATE INS AMERICAN UNI FEDERAL INSU PACIFIC INDE SEA INSURANC VIGILANT INS AMERICAN CAS NATIONAL FIR CIGNA PROPER CIGNA FIRE U NORTH RIVER UNITED STATE ATLANTIC INS GULF INSURAN SELECT INSUR NORTHWESTERN NORTHWESTERN GENERAL INSU	TY AND SURETY NS CO OF HARTY E INSURANCE COMPANY VERSAL INSURANCE COMPANY MNITY COMPANY E COMPANY LIMI URANCE COMPANY LUALTY CO OF RE E INS CO OF HA TY & CASUALTY NDERWRITERS IN INSURANCE COMPANY URANCE COMPANY ANCE COMPANY ANCE COMPANY ANCE COMPANY NATIONAL CASU	FORD CT DMPANY (ICE CO TED EADING PA ARTFORD INS CO IS CO PANY THE ICE CO (ICE CO ICE CO
OBS		MIUM NED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
2456789012345678901234 44444444444444444444444444444444444	,	\$0000000000000000000000000000000000000	\$401,045 \$0 \$470,071 \$0 \$0 \$759,397 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$185,621 \$2,150 \$94,635 \$-2,700 \$-100 \$-372,020 \$782,867 \$-492 \$-13,661 \$-1 \$-1,304 \$-1,304 \$1,043,349 \$409 \$151,015 \$-1,214 \$47,632 \$47,652 \$153,144	0.000000 0.000000 0.000000 0.000000 0.000000	000000000000000000000000000000000000000	0.000000 0.000000 0.000000 0.000000 0.000000

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE PHYSICIANS AND SURGEONS EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM MARKE WRITTEN SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
45 46 47 48 49 50	189 196 232 020 711 008	25658 25887 25895 26093 35718 36455	\$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000	TRAVELERS INDEMNITY COMPANY UNITED STATES FIDELITY & GUARANTY ( UNITED STATES LIABILITY INSURANCE ( WESTERN CASUALTY AND SURETY COMPANY PHICO INSURANCE COMPANY NORTHBROOK INDEMNITY CO	00 \$0	\$21,000 \$47,500 \$0 \$12,143 \$0 \$0	\$65,023 \$36,595 \$-776 \$-40,627 \$453 \$26,400	0 0 0 0 0	0 0 0 0	0 0 0 0 0
			\$77,893,150		\$65,438,264	\$26,963,802	\$47,961,489	73.29%	34.62%	32.09%

# MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE DENTISTS EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	LOSS RATIO	UNPAID
1 2 3 4 5 6	000 164 000 000 218 218 076		\$1,915,717 \$1,282,506 \$226,435 \$211,690 \$150,512 \$14,873 \$12.376	33.61 5.934 5.548 3.945 0.390	MEDICAL PROTECTIVE COMPANY ST PAUL FIRE & MARINE INSURANCE CO RISK CONTROL ASSOCIATES INC MEDICAL DEFENSE ASSOCIATES CONTINENTAL CASUALTY COMPANY NATIONAL FIRE INS CO OF HARTFORD INTERSTATE INDEMNITY COMPANY		\$486,203 \$600 \$20,000 \$62,144	\$1,192,752 \$741,092 \$0 \$0 \$562,426 \$-11,348 \$26,350	82.02 57.84 0.00 0.00 63.06 -13.24 129.76	15.3207 37.9104 0.2650 9.4478 41.2884 7.2279 0.0000	61.84 19.89 -0.54 -29.12 56.09 -14.49 129.76
1 8	164	24791	\$1,665		ST PAUL MERCURY INSURANCE COMPANY	\$7,586		\$7.774	102.48	0.0000	102.48
9	001	19046		0.000	AETNA CASUALTY & SURETY CO OF IL	\$0	\$0	\$-38	0.00	0.0000	0.00
10	091	22357	\$0	0.000	HARTFORD ACCIDENT & INDEMNITY CO	\$0	\$0	\$-81	0.00	0.0000	0.00
11	189	25658	\$ <b>-</b> 50	001	TRAVELERS INDEMNITY COMPANY	\$1,803	\$0	\$ <b>-</b> 2,555	-141.71	0.0000	-141.71
			\$3,815,724			\$3,923,487	\$863,523	\$2,516,372	64.14%	22.63%	42.13%

# MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE NURSES EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1	164	24767	\$764,476	97.95	ST PAUL FIRE & MARINE INSURANCE CO	\$752,536	\$285,548	\$435,245	57.837	37.3521	19.892
2	486	11630	\$15,910	2.038	JEFFERSON INSURANCE CO OF NEW YORK	\$28,492	\$0	\$11,558	40.566	0.0000	40.566
3	164	24791	\$100	0.013	ST PAUL MERCURY INSURANCE COMPANY	\$95	\$0	\$0	0.000	0.0000	0.000
4	610	11401	\$0	0.000	GUARANTY NATIONAL INSURANCE COMPANY	\$0	\$112,500	\$2,500	0.000	0.0000	0.000
5	414	17680	\$0	0.000	FORUM INSURANCE COMPANY	\$0	\$0	\$-4	0.000	0.0000	0.000
6	001	19038	\$0	0.000	AETNA CASUALTY AND SURETY COMPANY	\$0	\$16,269	\$-4,895	0.000	0.0000	0.000
7	001	19070	\$0	0.000	STANDARD FIRE INSURANCE COMPANY	\$0	\$185,335	\$214,074	0.000	0.0000	0.000
8	031	20087	\$0	0.000	NATIONAL INDEMNITY COMPANY	\$855	\$0	\$-487	-56.959	0.0000	<b>-</b> 56.959
9	052	21083	\$0	0.000	INTERNATIONAL INSURANCE COMPANY	\$0	\$0	\$401	0.000	0.0000	0.000
10	052	21113	\$0	0.000	UNITED STATES FIRE INSURANCE CO	\$0	\$0	<b>\$-</b> 18	0.000	0.0000	0.000
11	041	22209	\$0	0.000	ATLANTIC INSURANCE COMPANY	\$0	• \$0	\$73,256	0.000	0.0000	0.000
12	041	22217	\$0	0.000	GULF INSURANCE COMPANY	\$0	\$0	\$22	0.000	0.0000	0.000
			=======			=======	=======	========			
			\$780,486			\$781,978	\$599,652	\$731,652	93.56%	76.83%	16.88%

# MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE HOSPITALS EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM	MARKET	COMPANY NAM				
	GROOF	CODE	WRITTEN	SHARE					
1 2 3 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 2 2 2 2 2 2	861 27642 164 24767 164 24767 164 35289 929 12246 861 40401 901 22748 861 33863 091 22357 076 22810 901 22713 001 19038 189 25658 162 24678 901 22667 048 34622 610 11401 011 19356 218 20443 052 21083 052 21113 163 24732 PREMIUM EARNED		\$7,802,654 \$3,587,097 \$1,051,463 \$868,605 \$305,416 \$260,553 \$225,813 \$131,239 \$81,875 \$80,000 \$40,507 \$23,463 \$17,500 \$2,996 \$570 \$0 \$0 \$0 \$0	53.84 24.75 7.255 5.993 2.107 1.798 1.558 0.906 0.565 0.552 0.279 0.162 0.157 0.121 0.021 0.004 0.000 0.000 0.000 0.000 0.000 0.000	MISSOURI HOSPITAL PLAN ST PAUL FIRE & MARINE INSURANCE CO ST PAUL MERCURY INSURANCE COMPANY CONTINENTAL INSURANCE COMPANY THE AMERICAN CONTINENTAL INSURANCE CO PROVIDERS INS CO PACIFIC EMPLOYERS INSURANCE COMPANY MISSOURI PROFESSIONAL LIABILITY INSASS HARTFORD ACCIDENT & INDEMNITY CO CHICAGO INSURANCE COMPANY INSURANCE COMPANY OF NORTH AMERICA AETNA CASUALTY AND SURETY COMPANY TRAVELERS INDEMNITY COMPANY ROYAL INDEMNITY COMPANY CIGNA INSURANCE COMPANY GLENS FALLS INSURANCE COMPANY GLENS FALLS INSURANCE COMPANY MARYLAND CASUALTY COMPANY CONTINENTAL CASUALTY COMPANY UNITED STATES FIRE INSURANCE CO GENERAL INSURANCE GENERA				
OBS			DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID		
12345678901123456789012222		,955 ,176 ,900 ,848 ,845 ,164 ,239 ,940 ,669 ,689 ,276	\$143,447 \$99,281 \$100,764 \$9,900 \$942,510 \$-1,285 \$7,872,926 \$135,637 \$11,750 \$547,325 \$0 \$0 \$0 \$100,000 \$-443,787 \$0 \$0 \$0	\$2,231,777 \$2,257,903 \$696,562 \$134,900 \$-118,091 \$2,049,249 \$820,289 \$7,775,885 \$260,239 \$-63,455 \$-232,473 \$-130,283 \$111,123 \$553,386 \$39,030 \$100,000 \$134,678 \$42 \$-1 \$-1	28.6 74.8 69.6 15.7 -34.5 682.6 5925.0 -81.7 -170.6 -564.2 63.6 19056.0 0.0 0.0 0.0	2 3 10 1 0 362 -1 5999 0 170 29 23333 0 0 0	26.8 71.5 59.6 -34.5 21.9 683.7 -73.6 -176.9 -96.8 -572.2 -564.6 19056.0 0.0 0.0 0.0 0.0 0.0		

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE HOSPITALS EXPERIENCE FOR 1987 IN THE STATE OF MISSOURI

OBS	NA I C GROUP	NA I C CODE	PREMIUN WRITTEN		COMPANY NAM	1E	
23 24 25 26	163 164 304 215	24740 24775 32352 19828	\$( \$( \$-9,17( ========	063	ST PAUL GUA PRUDENTIAL	PROPERTY & CAS	E COMPANY
			\$14,493,296	<b>.</b>			
OBS	PREM EARN		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RAT10	CASH FLOW LOSS RATIO	PERCENT UNPAID
23 24 25 26	<b>\$-</b> 9,	\$0 \$0 \$0 170	\$0 \$0 \$0 \$1,950,175	\$-2 \$-47 \$-39,832 \$-303,552	0.00 0.00 0.00 3310.27	0 0 0 <b>-</b> 21267	0.0 0.0 0.0 24577.2
	\$19,129,	371	\$11,542,263	\$16,177,336	84.57%	79.64%	24.23%

### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE OTHER E

EXPERIENCE	FOR	1987	IN	THE	STATE	OF	MISSOURI	

OBS	NAIC GROUP	NAIC	PREMIUM M. WRITTEN S.		COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	PERCENT UNPAID
23 24 25 26 27 28 29 30 31	076 095 095 163 164 020 486 163 020	21881 22519 22527 24732 24767 26107 11630 24740 26093	\$0 0 \$0 0 \$0 0	.000 .000 .000 .000 .000 .022	NATIONAL SURETY CORPORATION HOME INDEMNITY COMPANY THE HOME INSURANCE COMPANY THE GENERAL INSURANCE CO OF AMERICA ST PAUL FIRE & MARINE INSURANCE CO NORDIA INSURANCE COMPANY JEFFERSON INSURANCE CO OF NEW YORK SAFECO INSURANCE CO OF AMERICA WESTERN CASUALTY AND SURETY COMPANY	\$0 \$18 \$132 \$0 \$0 \$0 \$247 \$596 \$8,429 ====================================	\$0 \$0 \$0 \$0 \$300,000 \$-150 \$12,544 ========== \$1,453,613	\$-50,313 \$-28,000 \$0 \$-1,619 \$350,000 \$-93,925 \$40,266 \$-3,58 \$-64,755 ======== \$2,200,292	0 -155556 0 0 0 0 0 16302 -602 -768 7.07%	0.00 0.00 0.00 0.00 0.00 20.75 0.00 -600.48	-155556 0 0 0 0 16363 -602 -917 23.85%

### MISSOURI DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC	PREMIUM WRITTEN		COMPANY NA	ME	
123456789011234567890123 11234567892123	164 000 861 000 000 000 861 000 218 000 091 164 076 000 218 901 012 143 218 929 901 775 189	24767 326668 11843 33367 33863 163443 28800 22357 24791 22810 15865 20427 22748 19445 23906 20427 22713 13714 25658	\$16,141,3 \$14,801,5 \$14,801,5 \$10,230,1 \$9,937,1 \$9,937,1 \$9,619,4 \$2,379,9 \$1,702,4 \$690,8 \$449,7 \$431,9 \$357,7 \$322,6 \$197,0 \$112,3	57 16.91 82 15.51 66 10.72 56 10.41 62 10.12 54 5.888 57 2.493 67 1.784 97 1.1784 97 1.1784 97 0.471 94 0.453 06 0.724 77 0.471 94 0.453 06 0.337 61 0.337 64 0.322 71 0.214 20 0.206 86 0.129 37 0.118	MEDICAL DE PROVIDERS MISSOURI MEDICAL PR RISK CONTR MISSOURI P PROFESSION CONTINENTA INSURANCE HARTFORD A ST PAUL ME CHICAGO IN NATIONAL CAMERICAN C PACIFIC EM NATIONAL U NORTHWESTE NATIONAL INSURANCE DRUGGISTS	IEDICAL INSURAN COTECTIVE COMPA COL ASSOCIATES PROFESSIONAL LI IAL MUTUAL INS AL CASUALTY COM CORPORATION OF CCIDENT & INDE RCURY INSURANCE SURANCE COMPAN HIROPRACTIC MU ASUALTY CO OF IPLOYERS INSURA	CE COMPANY INC ABILITY INSASSO CO IPANY AMERICA MNITY CO E COMPANY Y TUAL INS CO READING PA NCE COMPANY CO OF PITTSBURG SUALTY CO HARTFORD URANCE CO TH AMERICA CE COMPANY
OBS	PREMIL EARNEE		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 23 45 67 89 10 11 11 11 11 11 11 11 11 11 11 11 11	\$15,559, \$14,017, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21,015, \$21	369 088 583 7441 793 254 466 5919 390 274 329 0990 417 026 039 538 538 163	\$8,006,397 \$7,196,577 \$1,899,272 \$3,282,910 \$6,184,857 \$287,247 \$7,627,665 \$2,692,341 \$-446,551 \$36,000 \$205,822 \$324,452 \$138,500 \$4,806 \$824,301 \$4,806 \$824,301 \$579,038 \$14,063 \$10,000	\$12,240,299 \$8,743,66 \$4,331,51; \$8,200,32; \$11,035,281 \$7,645,64; \$19,377,98; \$-763,551 \$5,541,496 \$314,744 \$331,74; \$331,74; \$30,777 \$733,74; \$26,990 \$2,409,266 \$145,586 \$846,333 \$-287,703 \$46,500 \$385,473	61 21 39 44 126 31 129 149 44 -31 426 23 7 40 108 37 40 108 37 40 175 50 175 7 42 175 7 42 175 175 175 175 175 175 175 175 175 175	42.1 44.6 12.8 32.1 62.2 35.7 113.2 26.2 26.0 24.2 80.0 1.3 255.0 293.0 12.5 9.4	27 111 12 83 55 124 90 -142 460 21 14 61 43 31 175 67 -23 151 -434 34 318

#### MISSOURI DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LJABILITY WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM MARKET WRITTEN SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
24 25 27 28 29 31 33 34 35 36	012 001 215 091 000 486 020 076 080 048 091 163 048	19429 19038 19828 19682 18767 11630 26093 22837 22047 22047 24740 35289	\$80,820 0.085 \$71,983 0.075 \$47,963 0.050 \$31,335 0.033 \$29,516 0.031 \$23,172 0.024 \$20,758 0.022 \$7,900 0.008 \$5,572 0.006 \$4,688 0.005 \$4,480 0.005 \$3,545 0.004	INSURANCE CO OF THE STATE OF PA AETNA CASUALTY AND SURETY COMPANY ARGONAUT MIDWEST INSURANCE COMPANY HARTFORD FIRE INSURANCE COMPANY CHURCH MUTUAL INSURANCE COMPANY JEFFERSON INSURANCE CO OF NEW YORK WESTERN CASUALTY AND SURETY COMPANY INTERSTATE INDEMNITY COMPANY NORTH STAR REINSURANCE CORPORATION GLENS FALLS INSURANCE COMPANY THE TWIN CITY FIRE INSURANCE COMPANY SAFECO INSURANCE COO OF AMERICA CONTINENTAL INSURANCE COMPANY THE NORTHWESTERN NATIONAL INS CO CIGNA INSURANCE COMPANY NORDIA INSURANCE COMPANY UNITED STATES INSURANCE COMPANY UNITED STATES FIDELITY & GUARANTY CO MARYLAND CASUALTY COMPANY HOME INDEMNITY COMPANY HOME INDEMNITY COMPANY FORUM INSURANCE COMPANY FORUM INSURANCE COMPANY FORUM INSURANCE COMPANY AETNA CASUALTY & SURETY CO OF IL AUTOMOBILE INS CO OF HARTFORD CT STANDARD FIRE INSURANCE COMPANY ALLSTATE INSURANCE COMPANY ALSTATE INSURANCE COMPANY NORTHERN INSURANCE COMPANY ARGONAUT INSURANCE COMPANY SEA INSURANCE COMPANY SELECT INSURANCE COMPANY S	\$70,285 \$-137,560 \$48,996 \$25,110 \$43,152 \$16,581 \$16,340 \$7,900 \$67,764 \$17,684 \$3,837 \$3,608	\$0 \$1,337,015 \$1,794,722 \$0 \$29,000 \$106,450 \$0 \$0 \$327,100 \$25,000	\$20,970 \$125,558 \$7,076,050 \$19,801 \$3,492 \$40,619 \$171,490 \$3,387 \$-495,999 \$-7,643 \$286,475 \$98,078	30 -91 0 40 144 94 1034 21 -6278 -43 7466 2718	0.0 1857.4 3741.9 0.0 0.0 125.2 512.8 0.0 0.0 0.0 7301.3 705.2	30 881 0 40 14 27 392 21 -6278 -0 -43 -1059 2025
37 38 39 40 41 42 43	143 901 020 020 196 011 095	23914 22667 26107 19704 25887 19356 22519	\$2,500 0.003 \$2,177 0.002 \$809 0.001 \$553 0.001 \$430 0.000 \$352 0.000 \$330 0.000	NORTHWESTERN NATIONAL INS CO CIGNA INSURANCE COMPANY NORDIA INSURANCE COMPANY AMERICAN STATES INSURANCE COMPANY UNITED STATES FIDELITY & GUARANTY CO MARYLAND CASUALTY COMPANY HOME INDEMNITY COMPANY THE	\$2,507 \$1,932 \$809 \$478 \$568 \$335 \$399	\$0 \$0 \$0 \$143,833 \$156,489	\$-2,876 \$-237,234 \$0 \$137,233 \$1,989 \$5,000	-115 -12279 0 0 24161 594 1253	0.0 0.0 0.0 0.0 33449.5 44457.1	-115 -12279 0 0 -1162 -46119 1253
44 45 46 47 48 49 50	095 031 052 414 001 001	22527 20087 21083 17680 19046 19062 19070	\$327 0.000 \$188 0.000 \$125 0.000 \$0 0.000 \$0 0.000 \$0 0.000	NATIONAL INDEMNITY COMPANY INTERNATIONAL INSURANCE COMPANY FORUM INSURANCE COMPANY AETNA CASUALTY & SURETY CO OF IL AUTOMOBILE INS CO OF HARTFORD CT STANDARD FIRE INSURANCE COMPANY	\$300 \$3,076 \$1,088 . \$0 \$0 \$393	\$0 \$0 \$0 \$0 \$0 \$0 \$1,488,428	\$-643 \$-7,393 \$746 \$-18 \$-100,175 \$-774.659	-21 -680 0 0 0 -197114	-0.3 0.0 0.0 0.0 0.0	0 -21 -680 0 0 0 -575849
51 52 53 54 55 56 57	008 011 012 215 038 038	19232 19372 19380 19801 20281 20346 20354	\$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000	ALLSTATE INSURANCE COMPANY NORTHERN INSURANCE CO OF NEW YORK AMERICAN HOME ASSURANCE COMPANY ARGONAUT INSURANCE COMPANY FEDERAL INSURANCE COMPANY PACIFIC INDEMNITY COMPANY SEA INSURANCE COMPANY LIMITED	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$58,000 \$100,000 \$727,716 \$100,000 \$5,756	\$-9,700 \$-441 \$256,001 \$17,435 \$1,875,092 \$100,000 \$3,382	000000000000000000000000000000000000000	0.0 0.0 0.0 0.0 0.0	0 0 0 0 0
58 59 60 61 62 63 64	038 901 901 052 052 052	20397 20699 20702 21105 21113 21121 21326	\$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000	CIGNA PROPERTY & CASUALTY INS CO CIGNA FIRE UNDERWRITERS INS CO NORTH RIVER INSURANCE COMPANY THE UNITED STATES FIRE INSURANCE CO WESTCHESTER FIRE INSURANCE COMPANY EMPIRE FIRE AND MARINE INSURANCE CO	\$0 \$7 \$0 \$272 \$0 \$192	\$28,500 \$0 \$0 \$0 \$0 \$0 \$23,500	\$-689,102 \$-580 \$-240 \$1,655,141 \$-10,498 \$-4 \$-91,684	-3429 0 -3860 0 -47752	0.0 0.0 0.0 0.0 0.0	-3429 0 -3860 0 -59992
65 667 68 69 70 71 72 73 74	041 041 158 164 185 232 304 048 711	22209 22217 22233 24384 24775 25534 25895 32352 35270 35718	\$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000 \$0 0.000	GULF INSURANCE COMPANY SELECT INSURANCE COMPANY RANGER INSURANCE COMPANY ST PAUL GUARDIAN INSURANCE COMPANY TRANSAMERICA INSURANCE COMPANY UNITED STATES LIABILITY INSURANCE CO PRUDENTIAL PROPERTY & CASUALTY INS CO FIDELITY AND CASUALTY CO OF NY PHICO INSURANCE COMPANY	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$151,827 \$0 \$0 \$0 \$10,000 \$0 \$12,000 \$0	\$30,6927 \$-478 \$-179 \$-6,035 \$-27,304 \$-122 \$-2,453	000000000000000000000000000000000000000	0.0 0.0 0.0 0.0 0.0 0.0	000000000000000000000000000000000000000

### MISSOURI DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC	PREMIUM WRITTEN			COMPANY NAME	
75 76 77 78 79 80 81	761 008 929 163 044 048 610	36420 36455 41823 24732 20621 20850 11401	\$0 \$0 \$-67 \$-322	000 000 002 002	NORTHBROOK MULTI MEDIC GENERAL INS COMMERCIAL	AL INSURANCE COURANCE COURANCE CO OF NEWARK	OMPANY MERICA
OBS	PREI EARI	M I UM NED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
75 76 77 78 79 80 81	\$-	\$0 \$0 \$0 \$169 \$19 -454 \$898	\$0 \$0 \$91,000 \$27,557 \$0 \$0 \$4,000	\$7,272 \$-10,700 \$2,116 \$-5,505 \$0 \$-1,182 \$59,499	0.0 0.0 0.0 -3257.4 0.0 260.4 6625.7	0 0 0 -41130 0 0 -207	0 0 0 -19563 0 260 6180
	\$93,950,	328	\$45,624,801	\$91,841,912	97.76%	47.80%	49.19%

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE PHYSICIANS AND SURGEONS EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NA	ME	
12345678901123456789011234567890122	000 164 000 000 000 218 000 218 901 218 901 218 164 861 091 076 091 610 414 001	32654 24767 36668 33367 11843 16349 20443 28800 22810 20427 22748 20478 20478 20478 20478 20478 19682 22837 22411 117680 19038 19062 19070	\$16,047,457 \$13,963,525 \$10,230,166 \$9,656,062 \$8,935,060 \$2,379,857 \$1,702,567 \$1,124,477 \$395,106 \$258,661 \$203,971 \$161,335 \$81,465 \$31,335 \$20,683 \$4,688 \$0 \$0 \$0	24.45 21.27 15.58 14.71 13.61 3.625 2.594 1.713 0.685 0.602 0.394 0.311 0.245 0.048 0.032 0.007 0.000 0.000 0.000	ST PAUL FI MISSOURI M RISK CONTR MEDICAL PR PROFESSION CONTINENTA INSURANCE CHICAGO IN AMERICAN C PACIFIC EM NATIONAL F ST PAUL ME PROVIDERS HARTFORD F INTERSTATE TWIN CITY GUARANTY N FORUM INSU AETNA CASU AUTOMOBILE	FENSE ASSOCIATE RE & MARINE INS EDICAL INSURANC OL ASSOCIATES I OTECTIVE COMPAN AL MUTUAL INS ( L CASUALTY COMP CORPORATION OF SURANCE COMPANY ASUALTY CO OF F PLOYERS INSURANCE INS CO OF F RCURY INSURANCE INS CO IRE INSURANCE INDEMNITY COMF FIRE INSURANCE ATIONAL INSURANC ALTY AND SURETY INS CO OF HARI	SURANCE CO CE COMPANY INC INC CO PANY AMERICA CEADING PA NCE COMPANY HARTFORD E COMPANY
OBS	PREM I EARNE		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
12345678901123145671890122	\$364 \$285 \$199 \$161 \$121 \$48 \$16	5,849 5,583 5,441 4,603 5,512 4,464	\$7,196,577 \$5,867,280 \$3,282,910 \$287,247 \$5,403,759 \$2,298,491 \$-446,551 \$36,000 \$108,831 \$0 \$3,460 \$381 \$0 \$186,883 \$0 \$186,883 \$0 \$14,101 \$0 \$1,484,928	\$8,743,667 \$9,548,533 \$8,200,322 \$7,645,643 \$9,975,213 \$-1,080,752 \$5,541,496 \$280,733 \$637,805 \$19,433 \$145,586 \$57,153 \$120,462 \$19,801 \$3,387 \$-2,165 \$739 \$202,181 \$-100,175 \$-824,449	60.6 86.5 138.9 128.6 125.1 -44.7 425.8 23.4 70.1 175.2 6.8 73.1 35.5 99.0 40.4 20.7 -43.2 -2232.0 0.0 0.0	44.846 42.019 32.090 2.975 60.478 96.581 -26.228 3.201 24.197 0.000 1.338 0.187 0.000 229.403 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	10.7 33.4 83.3 123.7 57.3 -139.8 460.1 20.7 42.9 175.2 5.6 35.5 -54.6 40.4 20.7 -43.2 -2232.0 0.0 0.0

123

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE PHYSICIANS AND SURGEONS EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAM	E	
23456789901233456789012345454242	008 038 038 901 901 052 041 041 041 163 189 020 048 710	19232 20346 20354 20397 20699 20702 21105 21113 22209 22217 22233 22357 24732 24740 25658 25887 26093 35289 35715	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	PACIFIC IND SEA INSURAN VIGILANT IN CIGNA PROPE CIGNA FIRE NORTH RIVER UNITED STAT ATLANTIC IN GULF INSURA SELECT INSU HARTFORD AC GENERAL INS SAFECO INSU TRAVELERS I UNITED STAT WESTERN CAS CONTINENTAL PHICO INSUR	SURANCE COMPAN EMNITY COMPANY CE COMPANY LIM SURANCE COMPAN RTY & CASUALTY UNDERWRITERS I INSURANCE COMPAN SURANCE COMPAN NCE COMPANY RANCE COMPANY CIDENT & INDEM URANCE CO OF AM NDEMNITY COMPA ES FIDELITY & UALTY AND SURE INSURANCE COMPANY INSURANCE COMPANY OF THE COMPANY OF	ITED IY INS CO NS CO IPANY THE INCE CO IY INITY CO IMERICA IERICA INY GUARANTY CO
OBS		MIUM NED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
234567890123456789012 33333333412	====== \$51,959		\$0 \$100,000 \$0 \$28,500 \$0 \$0 \$0 \$0 \$0 \$151,827 \$0 \$7,500 \$27,557 \$327,100 \$10,000 \$0 \$0 \$0 \$0 \$0	\$-9,700 \$100,000 \$2,456 \$-689,102 \$-580 \$-240 \$1,655,141 \$-10,468 \$-17,180 \$30,742 \$-493 \$2,500 \$-6,631 \$284,879 \$356,726 \$-12,202 \$165,000 \$-12,202 \$165,000 \$-198 \$-2,453 \$-10,700 =========	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0

## MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE DENTISTS EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	PERCENT UNPAID
1	164	24767	\$2,048,485	64.76	ST PAUL FIRE & MARINE INSURANCE CO	\$1,870,090	\$1,205,143	\$1,256,857	67	59	3
2	000	11843	\$1,002,096	31.68	MEDICAL PROTECTIVE COMPANY	\$782,143	\$781,098	\$1,060,071	136	59 78	36
3	000	32654	\$93,900	2.968		\$17,962	\$0	\$0	0	0	0
4	164	24791	\$12,862		ST PAUL MERCURY INSURANCE COMPANY	\$12,648		\$-12,126	-96	0	<b>-</b> 96
5	189	25658	\$5,980	0.189	TRAVELERS INDEMNITY COMPANY	\$4,084	\$0	\$-27,184	-666	0	-666
6	001	19046		0.000	AETNA CASUALTY & SURETY CO OF IL	, \$0	\$0	\$-18	0	0	0
7	001	19070		0.000	STANDARD FIRE INSURANCE COMPANY	\$393	\$3,500		12669	0	11779
8	048	20850		0.000	FIREMENS INS CO OF NEWARK, NEW JERSEY	\$0	\$0	\$ <b>-</b> 347	0	0	0
9	091	22357		0.000	HARTFORD ACCIDENT & INDEMNITY CO	\$0	\$0	\$81	0	0	0
10	095	22527		0.000	HOME INSURANCE COMPANY THE	\$-1	\$-1	\$0	0	0	-100
11	048	34622		0.000	GLENS FALLS INSURANCE COMPANY THE	\$0	\$0	\$-3	0	0	0
12	048	35270		0.000	FIDELITY AND CASUALTY CO OF NY	. \$0	<b>\$</b> 0	\$ <b>-</b> 58	0	0	0
13		35289		0.000	CONTINENTAL INSURANCE COMPANY THE	\$423	\$0	\$0	0	0	0
14	001	19038	<b>\$-</b> 6	000	AETNA CASUALTY AND SURETY COMPANY	\$2	\$11,250	\$ <b>-</b> 18,735	<b>-</b> 936750	-187500	-1499250
						========		========			
			\$3,163,317			\$2,687,744	\$2,000,990	\$2,308,328	85.88%	63.26%	11.43%

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE NURSES EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2 3 4 5 6 7 8 9	486 861 031 052 052 052 041 048	11630 40401 20087 21083 211113 21121 22217 35289 19038	\$18,620 \$230 \$188 \$125 \$0 \$0 \$0 \$-658 ====== \$18,505	100.6 1.243 1.016 0.675 0.000 0.000 0.000 0.000 -3.56	JEFFERSON INSURANCE CO OF NEW YORK PROVIDERS INS CO NATIONAL INDEMNITY COMPANY INTERNATIONAL INSURANCE COMPANY UNITED STATES FIRE INSURANCE COMPANY GULF INSURANCE COMPANY CONTINENTAL INSURANCE COMPANY THE AETNA CASUALTY AND SURETY COMPANY	\$32,045 \$2,612 \$3,076 \$1,088 \$272 \$0 \$0 \$-173 ====== \$38,920	\$1,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$5,000 ====== \$6,000	\$12,650 \$-10,128 \$-643 \$-5,212 \$-27 \$-4 \$-50 \$95,000 \$-158,077 ======= \$-66,491	39.5 -387.7 -20.9 -479.0 -9.9 0.0 0.0 0.0 91374.0	5.37 0.00 0.00 0.00 0.00 0.00 0.00 -759.88	36.4 -387.7 -20.9 -479.0 -9.9 0.0 0.0 94264.2

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE HOSPITALS EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

			EXTENSE TO	1700 111 1112	OTATE OF ME	0000111	
OBS	NAIC GROUP	NA1C CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAM	1E	
1 2 3 4 5 6 7 8 9 10 11 12 11 15 16 17 18 20 21 22	861 861 164 929 189 901 901 215 088 048 901 000 6115 048 052 052 158	40401 33863 24767 22357 24791 12246 25658 22718 22713 19038 19828 22047 34622 35289 22667 16349 11401 19801 20850 21083 21113 24384	\$14,235,667 \$5,619,454 \$3,021,164 \$765,258 \$516,806 \$197,020 \$100,937 \$94,810 \$72,647 \$47,963 \$7,572 \$3,712 \$2,177 \$100 \$0 \$0 \$0 \$0 \$0	57.47 22.69 12.2 3.089 2.086 0.795 0.407 0.382 0.322 0.293 0.194 0.032 0.015 0.009 0.000 0.000 0.000 0.000 0.000	PROVIDERS INS CO MISSOURI PROFESSIONAL LIABILI ST PAUL FIRE & MARINE INSURANCH HARTFORD ACCIDENT & INDEMNITY ST PAUL MERCURY INSURANCE COMMANERICAN CONTINENTAL INSURANCE TRAVELERS INDEMNITY COMPANY PACIFIC EMPLOYERS INSURANCE COMMANERICAN COMPANY OF NORTH AMMAETNA CASUALTY AND SURETY COMMARGONAUT MIDWEST INSURANCE COMPANY CONTINENTAL INSURANCE COMPANY CONTINENTAL INSURANCE COMPANY PROFESSIONAL MUTUAL INS CO GUARANTY NATIONAL INSURANCE COMPANY FIREMENS INS CO OF NEWARK, NEW INTERNATIONAL INSURANCE COMPANY FIREMENS INS CO OF NEWARK, NEW INTERNATIONAL INSURANCE COMPANY FIREMENS INSURANCE COMPANY UNITED STATES FIRE INSURANCE RANGER INSURANCE COMPANY		SURANCE CO MNITY CO E COMPANY URANCE CO ANY NCE COMPANY TH AMERICA Y COMPANY OR PORATION MPANY THE MPANY THE MPANY THE CO NCE COMPANY NY K, NEW JERSEY COMPANY ANCE CO
OBS	PREMII EARNEI		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1234567890112314567890122	\$-137; \$7; \$6; \$3; \$1;	,793 ,569 ,258 ,604 ,508 ,530 ,243 ,736	\$1,679,487 \$7,627,665 \$932,474 \$0 \$324,452 \$579,038 \$0 \$1,250 \$1,186,334 \$1,475,443 \$0 \$0 \$0 \$0 \$393,850 \$100,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$3,731,423 \$19,377,981 \$1,033,400 \$183,616 \$688,716 \$846,599 \$55,931 \$7,017 \$50,000 \$82,977 \$6,638,113 \$-495,999 \$0 \$-7,462 \$-237,234 \$317,198 \$40,000 \$17,435 \$-218 \$-218 \$-218 \$-218	18 149 39 24 137 477 49 7 109 -60 0 -6278 0 -230 -12279 1607 0 0 0 0 0	12 136 31 0 63 294 0 1 0 1633 3076 0 0 0 393850 0 0	10 90 4 24 72 151 49 6 109 803 0 -6278 0 -230 -12279 -388 0 0

# MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE HOSPITALS EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OIMIL OI I	1133001(1		
OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY N	NAME		
23 24 25 26 27 28	163 163 164 304 048 929	24732 24740 24775 32352 35270 41823	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$24,770,808	0.000 0.000 0.000 0.000 0.000	SAFECO IN ST PAUL O PRUDENTIA FIDELITY	INSURANCE CO OF ISURANCE CO OF GUARDIAN INSURA AL PROPERTY & C AND CASUALTY C DICAL INSURANCE	AMERICA ANCE COMPANY CASUALTY INS CO OF NY	co
OBS	PREM EARN		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID	
23 24 25 26 27 28	=======	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$12;000 \$0 \$91,000	\$1 \$2 \$-199 \$-27,304 \$-8 \$2,116	0 0 0 0 0 0	0 0 0 0 0 0 58 15%	0 0 0 0 0 0	

\$32,301,179

\$37,477,487

\$14,402,993

58.15%

86.19%

47.76%

# MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE OTHER EXPERIENCE FOR 1986 IN THE STATE OF MISSOURI

	NAIC GROUP		PREMIUM WR!TTEN		COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	
12345678901123456712345678901123456789012222222222333334567890	002 143 771 900 186 160 160 170 100 100 100 100 100 100 100 100 10	40401 15865 19445 13906 13714 122713 18767 22748 22748 223914 223914 223914 223914 225887 19356 22527 17688 19372 19380 193828 193828 193828 20354 22233 24767 255395 224767 255395 224767 255395 224767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 255395 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 24767 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 25762 2576	2041 2041 2041 2041 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206647 206	23.37 17.43 16.65 6.078 4.373 2.342 1.597 1.123 0.244 0.038 0.030 0.019 0.018 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	PROVIDERS INS CO NATIONAL CHIROPRACTIC MUTUAL INS CO NATIONAL UNION FIRE INS CO OF PITTSBURG NORTHWESTERN NATIONAL CASUALTY CO DRUGGISTS MUTUAL INSURANCE COMPANY INSURANCE CO OF THE STATE OF PA INSURANCE COMPANY OF NORTH AMERICA CHURCH MUTUAL INSURANCE COMPANY WESTERN CASUALTY AND SURETY COMPANY JEFFERSON INSURANCE CO OF NEW YORK SAFECO INSURANCE CO OF AMERICA PACIFIC EMPLOYERS INSURANCE COMPANY NORTHWESTERN NATIONAL INS CO NORDIA INSURANCE COMPANY HARTFORD ACCIDENT & INDEMNITY CO AMERICAN STATES INSURANCE COMPANY UNITED STATES FIDELITY & GUARANTY CO MARYLAND CASUALTY COMPANY HOME INDEMNITY COMPANY THE HOME INSURANCE COMPANY FORUM INSURANCE COMPANY AETNA CASUALTY AND SURETY COMPANY NORTHERN INSURANCE COMPANY ARGONAUT MIDWEST INSURANCE COMPANY SEA INSURANCE COMPANY SEA INSURANCE COMPANY SEA INSURANCE COMPANY ST PAUL FIRE & MARINE INSURANCE CO SELECT INSURANCE COMPANY ST PAUL FIRE & MARINE INSURANCE CO GLENS FALLS INSURANCE COMPANY HOME STATES LIABILITY INSURANCE CO GLENS FALLS INSURANCE COMPANY HOME INSURANCE COMPANY THE FIDELITY AND CASUALTY CO OF NY ALLIANZ UNDERWRITERS INSURANCE COMPANY GENERAL INSURANCE COMPANY THE FIDELITY AND CASUALTY CO OF NY ALLIANZ UNDERWRITERS INSURANCE COMPANY GENERAL INSURANCE COMPANY THE FIDELITY AND CASUALTY CO OF NY ALLIANZ UNDERWRITERS INSURANCE COMPANY GENERAL INSURANCE COMPANY THE FIDELITY AND CASUALTY CO OF AMERICA CONTINENTAL INSURANCE COMPANY FIREMENS INS CO OF NEWARK, NEW JERSEY GUARANTY NATIONAL INSURANCE COMPANY	\$309,026 \$3095,263 \$700,610 \$107 \$107 \$107 \$107 \$107 \$107 \$107 \$1	\$32,902 \$38,500 \$824,301 \$0	\$489,755 \$150,9666 \$409,9666 \$409,970 \$46,501 \$20,7703 \$37,4969 \$27,5940 \$27,5940 \$27,5940 \$27,5940 \$123,580 \$149,9890 \$123,580 \$149,9890 \$17,4411 \$437,9926 \$437,9926 \$437,9926 \$437,9926 \$437,9926 \$437,9926 \$437,9926 \$437,9926 \$4401,5035 \$1,664	69 42 1592 49 30 -1639 42 7 -1150 18696 26309 594 1253 00 00 00 -47752 00 00 -47752 00 00 -16520 00 1365 2705	7 9 256 0 13 0 0 0 513 615 0 27972 33450 44457 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	64 31 1047 34 30 -1639 -1639 -603 -150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -1150 -11
		5	\$1,848,176			\$1,786,918	\$2,738,037	\$6,019,681	336.88%	148.15%	183.65%

## TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE

30

#### EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI OBS NAIC NAIC PREMIUM MARKET COMPANY NAME GROUP CODE WRITTEN SHARE 861 40401 \$16,900,731 20.82 PROVIDERS INS CO 2 \$12,541,220 000 32654 15.45 MEDICAL DEFENSE ASSOCIATES 861 \$12,009,883 33863 14.8 MISSOURI PROFESSIONAL LIABILITY INSASSO 4 164 24767 \$10,621,146 13.09 ST PAUL FIRE & MARINE INSURANCE CO 5 000 36668 \$9,632,497 MISSOURI MEDICAL INSURANCE COMPANY 11.87 000 11843 \$8,543,234 MEDICAL PROTECTIVE COMPANY 10.53 000 16349 \$2,862,057 3.526 PROFESSIONAL MUTUAL INS CO 8 000 33367 \$2,615,928 3.223 RISK CONTROL ASSOCIATES INC 000 28800 \$1,565,253 1.928 INSURANCE CORPORATION OF AMERICA 10 218 20443 \$886,555 1.092 CONTINENTAL CASUALTY COMPANY 11 091 22357 \$768,680 0.947 HARTFORD ACCIDENT & INDEMNITY CO 12 901 22748 \$421,552 0.519 PACIFIC EMPLOYERS INSURANCE COMPANY 13 218 20427 \$405,290 0.499 AMERICAN CASUALTY CO OF READING PA 14 076 22810 \$382,887 0.472 CHICAGO INSURANCE COMPANY 15 24791 164 \$371.316 0.457 ST PAUL MERCURY INSURANCE COMPANY 16 929 12246 \$303,017 0.373 AMERICAN CONTINENTAL INSURANCE CO 17 000 15865 \$215,907 0.266 NATIONAL CHIROPRACTIC MUTUAL INS CO 18 218 20478 \$173,324 0.214 NATIONAL FIRE INS CO OF HARTFORD 19 775 13714 \$76,757 0.095 DRUGGISTS MUTUAL INSURANCE COMPANY 20 189 25658 \$71,951 0.089 TRAVELERS INDEMNITY COMPANY 21 001 19038 \$71,598 0.088 AETNA CASUALTY AND SURETY COMPANY 22 299 11584 \$61,901 0.076 INTEGRITY INSURANCE COMPANY 23 486 11630 \$57,606 0.071 JEFFERSON INSURANCE CO OF NEW YORK OBS PREMIUM DIRECT DIRECT TRUE CASH FLOW PERCENT EARNED LOSSES LOSSES LOSS LOSS RATIO UNPAID DIAG INCURRED RATIO \$7,893,046 \$152,140 \$2,661,333 33.7 32 \$10,551,122 2 \$5,015,243 \$6,823,359 64.7 40 17 \$8,228,093 3 \$8,388,891 \$15,101,757 183.5 70 82 \$10,917,346 \$1,467,894 4 \$8,970,613 \$5,985,934 66.7 103 -55 5 \$5,140,800 \$3,066,537 59.7 31 15 \$8,001,621 \$2,772,498 \$7,086,838 \$13,562,945 169.5 83 81 \$3,692,156 \$7,553,884 272.5 129 139 8 \$1,605,118 \$70,500 \$336,800 21.0 3 17 \$1,134,731 \$644,269 9 \$0 \$570,702 50.3 0 50 \$154,085 10 \$882,157 136.9 17 113 \$366,339 \$262,000 11 \$94,854 \$176,496 48.2 12 22 12 \$0 \$135,656 51.8 0 52 13 \$346,047 \$0 \$305,280 88.2 88 0 14 \$4,036 \$391,718 \$11,593 3.0 1 2 \$370,915 15 \$1,138,050 \$281,632 75.9 306 -231 16 \$286,097 \$8,980 \$10,626 3.7 3 17 \$178,382 \$34,000 \$-74,976 -42.016 -61 \$94,340 18 \$0 \$184,746 195.8 0 196 19 \$70,185 \$675 \$1,622 2.3 1 1 20 \$99,355 \$500 \$92,965 93.6 93 1 21 \$-263,949 \$2,815,403 \$2,482,958 -940.7 3932 126 22 \$54,028 \$0 \$7,460 13.8 14 n 23 \$46,889 \$100,000 \$89,786 174 191.5 -22

MISSOURI DIVISION OF INSURANCE

#### MISSOURI DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

O	BS NAIC GROUE		PREMIUM WRITTEN		COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	
20 20 20 20 20 20 20 20 20 20 20 20 20 2	901 6 091 7 215 8 091 9 000 0 076	22713 19682 19828 22411 18767 22837	\$45,453 \$45,194 \$43,791 \$25,371 \$24,243 \$19,872 \$12,995	0.056 0.054 0.031 0.030 0.024 0.016	INSURANCE CO OF THE STATE OF PA INSURANCE COMPANY OF NORTH AMERICA HARTFORD FIRE INSURANCE COMPANY ARGONAUT MIDWEST INSURANCE COMPANY TWIN CITY FIRE INSURANCE COMPANY CHURCH MUTUAL INSURANCE COMPANY INTERSTATE INDEMNITY COMPANY	\$11,246 \$12,511 \$10,164	\$21,985 \$1,182,985 \$0 \$0 \$0	\$7,643 \$3,342 \$8,608	0 -231 6 18294 68 27 85	0 17 50 4663 0 0	0 -247 -55 13469 68 27 85
3; 3; 3; 3;	711 3 020 4 143 5 001	35718 26093 23906 19070 34622	\$9,593 \$8,378 \$5,106	0.012 0.012 0.010 0.006	GUARANTY NATIONAL INSURANCE COMPANY PHICO INSURANCE COMPANY WESTERN CASUALTY AND SURETY COMPANY NORTHWESTERN NATIONAL CASUALTY CO STANDARD FIRE INSURANCE COMPANY GLENS FALLS INSURANCE COMPANY THE	\$12,846 \$9,854 \$7,164 \$7,016 \$14,374 \$3,819	\$0 \$60,000	\$2,045 \$5,000 \$-113,460 \$6,741 \$38,785 \$0	16 51 -1584 96 270	0 0 625 0 34136	16 51 -2421 96 -11856
3 3 3 4 4	3 143 9 048 0 163	21083 23914 35289 24740 21326	\$3,867 \$3,439 \$2,958 \$2,729	0.005 0.004 0.004 0.003	INTERNATIONAL INSURANCE COMPANY NORTHWESTERN NATIONAL INS CO CONTINENTAL INSURANCE COMPANY THE SAFECO INSURANCE CO OF AMERICA EMPIRE FIRE AND MARINE INSURANCE CO	\$3,671 \$3,471 \$2,661 \$3,117 \$2,013	\$0	\$-53,661 \$2,876 \$-93,000 \$74,751 \$22,477	-1462 83 -3495 2398 1117	0 0 2062 0 0	-1462 83 -5787 2398 1117
42 43 44 45 46	501 4 048 5 158	20354 10472 20850 24384 25887	\$2,167 \$1,625 \$1,471 \$1,093	0.003 0.002 0.002 0.001	SEA INSURANCE COMPANY LIMITED CAPITOL INDEMNITY CORPORATION FIREMENS INS CO OF NEWARK, NEW JERSEY RANGER INSURANCE COMPANY UNITED STATES FIDELITY & GUARANTY CO	\$9,773 \$1,312	\$871 \$0 \$0 \$0 \$0 \$105,950	\$1,943 \$0 \$0 \$-1,672 \$-1,550	20 0 0 -153 -68	40 0 0 0 9711	11 0 0 -153 -4719
48 48 50 5	3 038 9 232 0 031 1 044	19704 20281 25895 20087 20621	\$751 \$702 \$700 \$582	0.001 0.001 0.001 0.001 0.001	AMERICAN STATES INSURANCE COMPANY FEDERAL INSURANCE COMPANY UNITED STATES LIABILITY INSURANCE CO NATIONAL INDEMNITY COMPANY COMMERCIAL UNION INSURANCE COMPANY	. \$649	\$0 \$1,836,133 \$0 \$0 \$0	\$0 \$2,513,530 \$-2,637 \$-749 \$0	0 13598 -207 -12 0	0 261557 0 0 0	0 3665 -207 -12 0
52 51 51 51	095 052 011 901	24732 22519 21113 19372 20702	\$262 \$125 \$108	0.000 0.000 0.000 0.000	GENERAL INSURANCE CO OF AMERICA HOME INDEMNITY COMPANY THE UNITED STATES FIRE INSURANCE CO NORTHERN INSURANCE CO OF NEW YORK CIGNA FIRE UNDERWRITERS INS CO	\$625 \$204 \$816 \$208 \$90	\$13,472 \$0 \$3,276 \$0 \$0	\$-7,618 \$0 \$-35,415 \$-2,656 \$65	-1219 0 -4340 -1277 72	4145 0 2621 0 0	-3374 0 -4742 -1277 72
57 58 59 60	3 414 9 001 0 001 1 012	22527 11193 19046 19062 19380	\$0 \$0 \$0 \$0	0.000 0.000 0.000 0.000	HOME INSURANCE COMPANY THE FORUM INSURANCE COMPANY AETNA CASUALTY & SURETY CO OF IL AUTOMOBILE INS CO OF HARTFORD CT AMERICAN HOME ASSURANCE COMPANY	\$427 \$2,961 \$0 \$0	\$0 \$0	\$0 \$-7,665 \$35 \$98,227 \$21,000	-259 0 0 0	0 0 0 0	-259 0 0 0
63 61 65 65	150 038 901 052	19801 20109 20397 20699 21121	\$0 \$0 \$0 \$0	0.000 0.000 0.000 0.000	ARGONAUT INSURANCE COMPANY BITUMINOUS FIRE AND MARINE INS CO VIGILANT INSURANCE COMPANY CIGNA PROPERTY & CASUALTY INS CO WESTCHESTER FIRE INSURANCE COMPANY	\$0 \$72 \$0 \$143 \$9	\$2,000 \$0 \$149,397 \$0 \$0	\$55,299 \$0 \$1,454,091 \$134 \$-5	0 0 94 <b>-</b> 56	0 0 0	0 0 0 94 -56
68 69 70 71	041 041 901 225	22209 22217 22233 22667 23248	\$0 \$0 \$0 \$0	0.000 0.000 0.000 0.000	CIGNA PROPERTY & CASUALTY INS CO WESTCHESTER FIRE INSURANCE COMPANY ATLANTIC INSURANCE COMPANY GULF INSURANCE COMPANY SELECT INSURANCE COMPANY CIGNA INSURANCE COMPANY OCCIDENTAL FIRE & CAS CO OF NC ST PAUL GUARDIAN INSURANCE COMPANY	\$342 \$342 \$0 \$0 \$0	\$4,670 \$0 \$0 \$0 \$0	\$-27,648 \$-317,924 \$-304 \$68,055 \$-286	0 0 0	0 0 0	-92960 0 0
72 73 71	189	24775 25666 32352	\$0	$0.000 \\ 0.000 \\ 0.000$	ST PAUL GUARDIAN INSURANCE COMPANY TRAVELERS INDEMNITY CO OF AMERICA PRUDENTIAL PROPERTY & CASUALTY INS CO	\$0 \$0 \$0	\$0 \$0 \$79,500	\$-144 \$-86 \$12,230	0 0 0	0 0 0	0 0 0

#### MISSOURI DIVISION OF INSURANCE TOTAL MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	NAIC CODE	PREMIUN WRITTEN		COMPANY NAM	E	
75 76 77 78 79 80 81 82 83 84 85	327 34207 048 35270 761 36420 008 36455 929 41823 011 19356 185 25534 008 19232 080 22047 052 21105 012 19445		\$0 \$0 \$0 \$0 \$-7 \$-53 \$-2,387 \$-8,602 \$-673,771 ========== \$81,167,453	000 000 003 003 011 830	NORTHBROOK MULTI MEDIC MARYLAND CA TRANSAMERIC ALLSTATE IN NORTH STAR NORTH RIVER	RANCE COMPANY OMPANY MPANY Y RPORATION	
OBS	PREMIUM EARNED		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
75 76 77 78 79 80 81 82 83 84	\$0 \$14 \$1,396 \$0 \$0 \$8 \$-51 \$32,004 \$3,199 \$91,544 \$451,235		\$0 \$0 \$0 \$55,683 \$1,183,576 \$0 \$0 \$0 \$1,071,854 \$119,017	\$-114 \$0 \$-6,738 \$-27,100 \$-59,304 \$133,576 \$5,632 \$16,200 \$492,000 \$760,325 \$1,707,946	0 0 -483 0 0 1669700 -11043 51 15380 831 379	0 0 0 0 0 0 -16908229 0 0 0 -12461 -18	0 0 -483 0 0 0 -13125000 -11043 51 15380 -340 352
	\$58,127	, 177	\$48,843,429	\$71,382,689	122.80%	60.18%	38.78%

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE PHYSICIANS AND SURGEONS EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY N	IAME	
1 2 3 4 5 6 7 8 9 10 11 2 3 14 5 6 7 10 11 2 3 14 15 16 7 18 9 20 21 22	000 000 000 164 000 000 000 218 218 901 218 861 012 091 189 711 020 610 232 031 163	32654 36668 11843 24767 16349 33367 20443 20427 22748 20478 40401 19682 22411 25658 35718 26093 11401 25895 20087 24732	\$12,541,220 \$9,632,497 \$7,968,312 \$7,960,422 \$2,735,110 \$2,494,850 \$1,565,253 \$8865,290 \$321,707 \$173,324 \$166,863 \$43,791 \$24,243 \$18,613 \$9,668 \$1,214 \$700 \$582 \$130	27.62 21.21 17.55 15.55 6.023 5.494 3.447 1.952 0.892 0.708 0.382 0.367 0.100 0.096 0.053 0.041 0.022 0.004 0.003 0.002	MISSOURI MEDICAL P ST PAUL PROFESSIO RISK CONT INSURANCE CONTINENT AMERICAN PACIFIC E NATIONAL PROVIDERS INSURANCE HARTFORD TWIN CITY TRAVELERS PHICO INS WESTERN C GUARANTY UNITED ST NATIONAL	DEFENSE ASSOCIATION MEDICAL INSURANT PROTECTIVE COMPATION OF THE WORLD COMPATION OF THE STATE OF THE INSURANCE OF THE INSURAN	ICE COMPANY ANY ISURANCE CO CO INC F AMERICA IPANY READING PA ANCE COMPANY HARTFORD TE OF PA COMPANY E COMPANY PANY RETY COMPANY INSURANCE CO
OBS	PREMI EARNE		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2 3 4 5 6 7 8 9 10 11 12 3 14 5 6 7 18 19 19 19 19 19 19 19 19 19 19 19 19 19	\$346 \$210 \$94 \$162 \$35 \$11 \$9 \$1 \$1	,800 ,304 ,207 ,854 ,929	\$5,015,243 \$1,467,894 \$7,010,039 \$3,945,800 \$3,673,546 \$70,500 \$154,085 \$0 \$0 \$0 \$56,775 \$0 \$21,985 \$0 \$500 \$500 \$0 \$13,472	\$6,823,359 \$3,066,537 \$12,713,170 \$3,771,100 \$7,391,686 \$336,800 \$570,702 \$882,157 \$305,280 \$135,656 \$184,746 \$429,121 \$2,183 \$7,643 \$158,856 \$5,000 \$-113,460 \$-2,637 \$-749 \$8,792	65 60 170 64 279 22 50 137 88 64 196 265 0 68 3432 51 -5707 -207 -12 2892	40 15 88 56 134 3 0 17 0 0 34 0 50 0 3 9 9 0 10363	17 31 76 -3 140 17 50 113 88 64 196 230 0 -55 68 3422 51 -8725 39 -207 -12 -1539

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE PHYSICIANS AND SURGEONS EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

	GROUP	CODE	PREMIUM WRITTEN		COMPANY NAM	1E	
2345678901234567890133456789041	414 001 001 012 038 052 041 091 095 164 196 185 076 0052 012	11193 19038 19062 19070 19380 20354 20397 21113 22209 22357 22527 24740 24791 25887 25534 22810 19232 21105 19445	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$-53 \$-972 \$-2,147 \$-8,602 \$-673,771 ========== \$45,412,106	0.000	AETNA CASUA AUTOMOBILE STANDARD FI AMERICAN HO SEA INSURAN VIGILANT IN UNITED STAT ATLANTIC IN HARTFORD AC HOME INSURA SAFECO INSU ST PAUL MER UNITED STAT TRANSAMERIOC CHICAGO INS ALLSTATE IN NORTH RIVER	RANCE COMPANY LTY AND SURET INS CO OF HAR RE INSURANCE IME ASSURANCE ICE COMPANY LI ISURANCE COMPA ICES FIRE INSUR INCE COMPANY T RANCE COMPANY T RANCE CO OF A ICURY INSURANCE INSURANCE COMPA INSURANCE COMPAN SURANCE COMPAN SURANCE COMPAN SURANCE COMPAN SURANCE COMPAN SURANCE COMPAN INSURANCE CO ION FIRE INS	TFORD CT COMPANY COMPANY MITED NY ANGE CO NY MNITY CO HE MERICA E COMPANY COMPANY COMPANY NY NY
OBS	PREN EAR	MIUM NED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
23 24 25 27 28 29 30 31 32 33 34 35 36 37 38 40 41	\$1	.544 .235 ====	\$0 \$286,768 \$0 \$1,719,388 \$0 \$149,397 \$0 \$4,670 \$35,000 \$0 \$0 \$105,000 \$0 \$1,071,854 \$118,319 ====================================	\$-7,642 \$-14,228 \$98,227 \$145,779 \$21,000 \$-3,536 \$1,454,091 \$-18,123 \$-9,330 \$-10,000 \$74,086 \$25,543 \$-69,775 \$5,632 \$-13,063 \$16,200 \$760,564 \$1,707,946	-261 0 0 0 0 0 0 -2229 0 0 7983 0 -5710 -11043 -375 51 831 379 111.85%	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-261 0 0 0 0 0 0 -2229 0 0 7983 0 -14302 -11043 -375 51 -340 352 43.44%

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE DENTISTS EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

OBS	NAIC GROUP	CODE		MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW I	PERCENT JNPAID
1	164		\$1,692,808		ST PAUL FIRE & MARINE INSURANCE CO	\$1,567,713	\$614,672	\$947,420	60	36	21
2	000	11843	\$574,922		MEDICAL PROTECTIVE COMPANY	\$517,317	\$76,799	\$849,775	164	13	149
3	076	22810	\$44,642		CHICAGO INSURANCE COMPANY	\$61,828	Ş0	\$30,800	50	0	50 22
4	164	24791	\$24,651		ST PAUL MERCURY INSURANCE COMPANY	\$25,125	, \$0	\$5,605	22	0	
5	001	19070	\$5,106		STANDARD FIRE INSURANCE COMPANY	\$14,374		\$-106,983	-744	462	-908
6	000	33367	\$1,274		RISK CONTROL ASSOCIATES INC	\$349	\$0	\$0	0	0	0
7	038	20281		0.030	FEDERAL INSURANCE COMPANY		\$1,836,133		13598	261557	3665
8	196	25887		0.028	UNITED STATES FIDELITY & GUARANTY CO	\$680	<b>\$</b> 0	\$3,279	482	0	482
9	048	35289		0.023	CONTINENTAL INSURANCE COMPANY THE	\$123	\$0	<b>\$</b> 0	0	0	0
10	001	19038		0.007	AETNA CASUALTY AND SURETY COMPANY	\$4,575	\$18,472	\$55,149	1205	11263	802
11	189	25658		0.002	TRAVELERS INDEMNITY COMPANY	\$20,115	\$0	\$-18,314	<b>-</b> 91	0	-91
12	095	22527	\$9	0.000	HOME INSURANCE COMPANY THE	\$10	\$0	\$0	0	0	0
13	001	19046		0.000	AETNA CASUALTY & SURETY CO OF IL	\$0	\$0	\$35	0	0	0
14	011	19372	\$0	0.000	NORTHERN INSURANCE CO OF NEW YORK	\$0	\$0 \$0 \$0	<b>\$-3,</b> 097	0	0	0
15	048	20850	\$0	0.000	FIREMENS INS CO OF NEWARK, NEW JERSEY	\$423	\$0	\$0	0	0	0
16	041	22217	\$0	0.000	GULF INSURANCE COMPANY	\$325	S0	\$-305,006	-93848	0	-93848
17	091	22357	\$0	0.000	HARTFORD ACCIDENT & INDEMNITY CO	\$41	\$0	\$-246	-600	0	-600
			========			========	========	========	179 00	7 100 569	62 849
			\$2,345,535			\$2,231,483	\$2,569,657	\$3,971,947	178.00	% 109 <b>.</b> 56%	62.84%

## MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE NURSES

EXPERIENCE	FOR	1985	١N	THE	STATE	OF	MISSOURI

OBS	NAIC GROUP	NAIC	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	PREMIUM EARNED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED		CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2 3 4 5 6 7 8 9 10 11	000 001 486 020 861 052 501 052 414 001 052	33367 19038 11630 26093 40401 21083 10472 21113 11193 19070 21121	\$119,804 \$51,234 \$39,792 \$7,925 \$6,445 \$3,300 \$1,625 \$725 \$0 \$0	22.19 17.24 3.433 2.792 1.429 0.704 0.314 0.000 0.000	RISK CONTROL ASSOCIATES INC AETNA CASUALTY AND SURETY COMPANY JEFFERSON INSURANCE CO OF NEW YORK WESTERN CASUALTY AND SURETY COMPANY PROVIDERS INS CO INTERNATIONAL INSURANCE COMPANY CAPITOL INDEMNITY CORPORATION UNITED STATES FIRE INSURANCE CO FORUM INSURANCE COMPANY STANDARD FIRE INSURANCE COMPANY WESTCHESTER FIRE INSURANCE COMPANY	\$61,840 \$63,652 \$35,206 \$5,176 \$11,857 \$2,629 \$1,312 \$453 \$30 \$0 \$9		\$0 \$-323,608 \$89,728 \$0 \$11,866 \$2,840 \$0 \$-1,058 \$-23 \$-23 \$-11 \$-5	108.03 0.00 -233.55	0.000 48.796 251.307 0.000 0.000 0.000 0.000 451.862 0.000 0.000	0.00 -547.68 -29.18 0.00 100.08 108.03 0.00 -956.73 -76.67 0.00 -55.56
12 13	048 008	35289 36455	\$0 \$0	0.000	CONTINENTAL INSURANCE COMPANY THE NORTHBROOK INDEMNITY CO	\$ó	\$55,000	\$-5,000	0.00	0.000	0.00
	030	00100	\$230,850	3.000	HOLINITIE GO	\$182,164	\$0 \$183,276	\$-27,100 ======= \$-252,371	0.00 -138.54%	0.000 79 <b>.</b> 39%	0.00 -239.15%

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE HOSPITALS EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

			EXTENSE TO	1707 111 1112	OTATE OF MIC	3000K1	
OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAME	Ξ	
1 2 3 4 5 6 7 8 9 10 11 12 3 14 5 16 17 18 19 20 21 22	861 861 164 091 164 929 0001 189 901 215 001 143 048 048 052 610 215 048	40401 33863 24767 22357 24791 12246 16349 22748 25658 22713 19828 19038 23914 35289 34622 24384 22810 21083 11401 19801 20850	\$15,967,613 \$12,009,883 \$1,867,916 \$767,618 \$346,665 \$303,017 \$126,947 \$99,390 \$53,288 \$43,379 \$25,371 \$20,200 \$8,378 \$3,439 \$2,164 \$1,887 \$1,995 \$567 \$0 \$0 \$0	50.46 37.95 5.902 2.426 1.095 0.958 0.401 0.314 0.168 0.137 0.080 0.064 0.026 0.001 0.007 0.006 0.000 0.002 0.000 0.000	ST PAUL FIRE HARTFORD ACC ST PAUL MERC AMERICAN COMPROFESSIONAL PACIFIC EMPLITRAVELERS IN INSURANCE COARGONAUT MID AETNA CASUAL NORTHWESTERN NORTHWESTERN CONTINENTAL GLENS FALLS RANGER INSURCHICAGO INSURINTERNATIONAL ARGONAUT INSURANTY NATARGONAUT INSURANTY NATARG		NITY CO COMPANY RANCE CO CE COMPANY NY H AMERICA E COMPANY UALTY CO CO PANY THE PANY THE DMPANY COMPANY
OBS	PREN EARN	MIUM NED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1 2 3 4 5 6 7 8 9 10 11 12 11 15 16 17 18 19 21 22	\$74, \$45, \$24, \$-332, \$7, \$3, \$1,	,093 ,693 ,512 ,790 ,097 ,644 ,853 ,469 ,520	\$66,452 \$8,388,891 \$6,355,022 \$59,854 \$1,138,050 \$8,980 \$18,610 \$0 \$7,500 \$1,182,985 \$1,999,160 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$2,115,061 \$15,101,757 \$1,270,061 \$187,368 \$250,484 \$162,198 \$162,198 \$-47,577 \$6,500 \$4,485,603 \$1,700,123 \$6,741 \$2,876 \$0 \$-1,672 \$-6,144 \$-56,501 \$1,125 \$55,299 \$0	28.7 183.5 81.8 51.3 72.4 3.7 133.3 0.0 -63.8 14.3 18293.7 -511.8 96.1 82.9 0.0 0.0 -153.0 -810.6 -5422.4 0.0 0.0	0.42 69.85 340.22 7.80 328.29 2.96 14.66 0.00 0.00 17.29 4662.74 9896.83 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	27.8 81.6 -327.5 34.9 -256.7 0.6 118.0 0.0 -63.8 -2.2 13469.1 90.0 96.1 82.9 0.0 -153.0 -810.6 -5422.4 0.0 0.0

## - 138 .

#### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE HOSPITALS EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

				505 111 1112	OTALL OF MI	3300K1	
OBS	NAIC GROUP	NAIC CODE	PREMIUN WRITTEN		COMPANY NA	ME	
23 24 25 26 27 28 29 30 31 32 33 34	052 095 901 164 189 196 304 048 761 929 052 080	21105 22527 22667 24775 25666 25887 32352 35270 36420 41823 21113 22047	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	HOME INSUR, CIGNA INSUR ST PAUL GU, TRAVELERS UNITED STA' PRUDENTIAL FIDELITY AI ALLIANZ UNI MULTI MEDII UNITED STA'	R INSURANCE CO ANCE COMPANY T RANCE COMPANY T ARDIAN INSURAN INDEMNITY CO O TES FIDELITY & PROPERTY & CA ND CASUALTY CO DERWRITERS INSURANCE CO TES FIRE INSURANCE CO	HE CE COMPANY F AMERICA GUARANTY CO SUALTY INS CO OF NY URANCE COMPANY COMPANY ANCE CO
OBS	PREI EARI	M I UM NED	DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
23 24 25 26 27 28 29 30 31 32 33 34	\$1, .\$-		\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$79,500 \$0 \$55,683 \$0 \$0 \$19,362,687	\$-239 \$0 \$68,055 \$-144 \$-86 \$-23,014 \$12,230 \$-6,738 \$-59,304 \$-16,234 \$492,000 ========== \$25,710,454	0.0 0.0 0.0 0.0 0.0 0.0 0.0 -482.7 0.0 3607.6 15379.8 141.73%	0 0 0 0 0 0 0 0 0 0	0.0 0.0 0.0 0.0 0.0 0.0 0.0 -482.7 0.0 3607.6 15379.8 34.99%

### MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE OTHER E)

EXPERIENCE	FOR	1085	IN THE	STATE	ΩF	MISSOURI
CVLEVIENCE	FUL	1900	114 1111	SIAIL	0.	111330011

OBS	NAIC GROUP	NAIC CODE	PREMIUM WRITTEN	MARKET SHARE	COMPANY NAI	ME	
1 2 3 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 8 9 0 1 1 2 3 1 4 5 6 7 1 1 9 0 2 1 2 2 2 2 2 2	861 076 070 775 299 080 486 076 610 048 163 059 091 048 091 020 044 991 095 048	40401 22810 15865 13714 11584 18767 11630 22837 11401 34622 24740 21326 20354 22713 20850 22357 19704 20621 22748 25887 22519 35289	\$759,810 \$335,459 \$215,757 \$76,791 \$19,872 \$17,861 \$12,995 \$12,860 \$2,725 \$2,165 \$2,1815 \$1,471 \$1,062 \$2,185 \$455 \$455 \$455 \$455 \$456 \$248	49.58 22.09 14.09 5.009 4.040 1.297 1.163 0.848 0.752 0.187 0.178 0.144 0.141 0.118 0.096 0.069 0.049 0.030 0.028 0.017 0.016	NATIONAL CIDRUGGISTS INTEGRITY CHURCH MUTT JEFFERSON INTERSTATE GUARANTY NOGLENS FALLS SAFECO INSIEMPIRE FIREMENS II HARTFORD ACHERICAN STOMMERICAN STOMMERICAN STATE HOME INDEMI	INS CO SURANCE COMPANY HIROPRACTIC MUT MUTUAL INSURANCE INSURANCE COMPANY UAL INSURANCE CO INSURANCE CO OF ATIONAL INSURANCE S INSURANCE COMPANY E AND MARINE IN NCE COMPANY LIM COMPANY OF NORT NS CO OF NEWARK CCIDENT & INDEM TATES INSURANCE UNION INSURANCE UNION INSURANCE PLOYERS INSURANCE TES FIDELITY & COMPANY TH L INSURANCE COM	E COMPANY NY OMPANY NEW YORK ANY CE COMPANY PANY THE ERICA SURANCE CO ITED H AMERICA , NEW JERSEY NITY CO COMPANY E COMPANY CE COMPANY GUARANTY CO E
OBS	PREM EARN		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
1234567890112314567890122	\$\$\$\$\$\$\$\$\$	644 382 185 511 683 164 002 172 189 013 773	\$28,913 \$4,036 \$34,000 \$675 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$105,285 \$0 \$-74,976 \$1,622 \$7,460 \$3,342 \$58 \$8,608 \$847 \$0 \$665 \$22,477 \$5,479 \$-115,790 \$-626 \$0 \$0 \$87,960 \$0 \$87,960 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	29 0 -42 2 14 27 0 85 8 0 30 1117 -6538 -80 0 0 23394 -9352	4 16 10 00 00 00 00 40 00 00 00 221 00 2419	21 -61 14 27 0 85 8 0 1117 47 -6538 0 -80 0 0 23141 0 -9989

## MISSOURI DIVISION OF INSURANCE MEDICAL MALPRACTICE LIABILITY WITH MARKET SHARE OTHER

EXPERIENCE FOR 1985 IN THE STATE OF MISSOURI

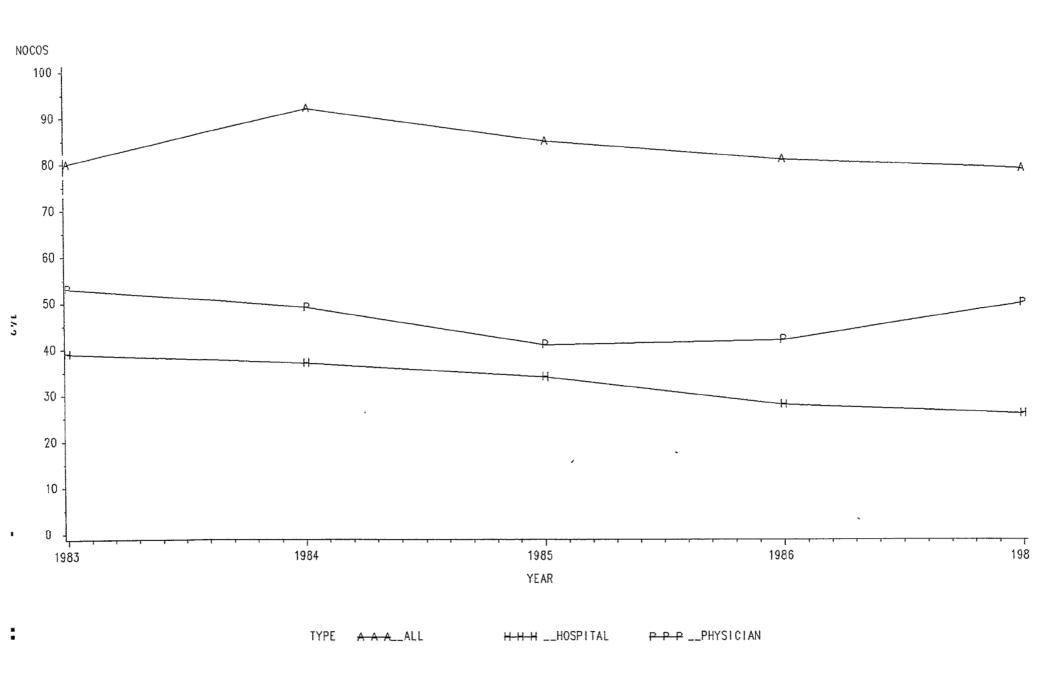
OBS	NAIC GROUP	NAIC CODE	PREMIT WRITT		COMPANY NA	AME	
23 24 25 26 27 28 29 30 31 32 33 33 33 33 33 33 33	163 011 901 001 012 150 901 041 041 095 225 164 327 011	24732 19372 20702 19038 19445 20109 20699 22209 22217 22233 22527 23248 24767 34207 19356		08	NORTHERN I CIGNA FIRE AETNA CASU NATIONAL U BITUMINOUS CIGNA PROF ATLANTIC I GULF INSUF SELECT INS HOME INSUF OCCIDENTAL ST PAUL FI PURITAN IN	ISURANCE CO OF INSURANCE CO OF INSURANCE CO OF E UNDERWRITERS JALTY AND SURET JNION FIRE INS FIRE AND MARI PERTY & CASUALT INSURANCE COMPANY GURANCE COMPANY TANCE COMPANY TANCE COMPANY TO FIRE & CAS CO RE & MARINE IN ISURANCE COMPAN CASUALTY COMPAN CASUALTY COMPAN	F NEW YORK INS CO TY COMPANY CO OF PITTSBURG INE INS CO TY INS CO ANY FHE INS CO IS NO CO IS
OBS	PREMI EARNE		DIRECT LOSSES PAID	DIRECT LOSSES INCURRED	TRUE LOSS RATIO	CASH FLOW LOSS RATIO	PERCENT UNPAID
23 24 25 26 27 28 29 30 31 32 33 34 35 36	\$2 \$ \$1 \$	== =	\$0 \$0 \$0 \$0 \$486,003 \$698 \$0 \$0 \$0 \$0 \$0 \$0 \$1,852 \$0 \$1,183,576 ====================================	\$-16,410 \$441 \$65 \$1,065,522 \$0 \$0 \$134 \$-18,318 \$-12,918 \$-304 \$0 \$-2,647 \$-114 \$133,576 ========= \$1,113,152	5112 212 72 0 0 94 0 -75988 0 0 0 0 1669700	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-5112 212 72 0 0 94 0 -75988 0 0 0 0 -13125000

### TABLE XIII

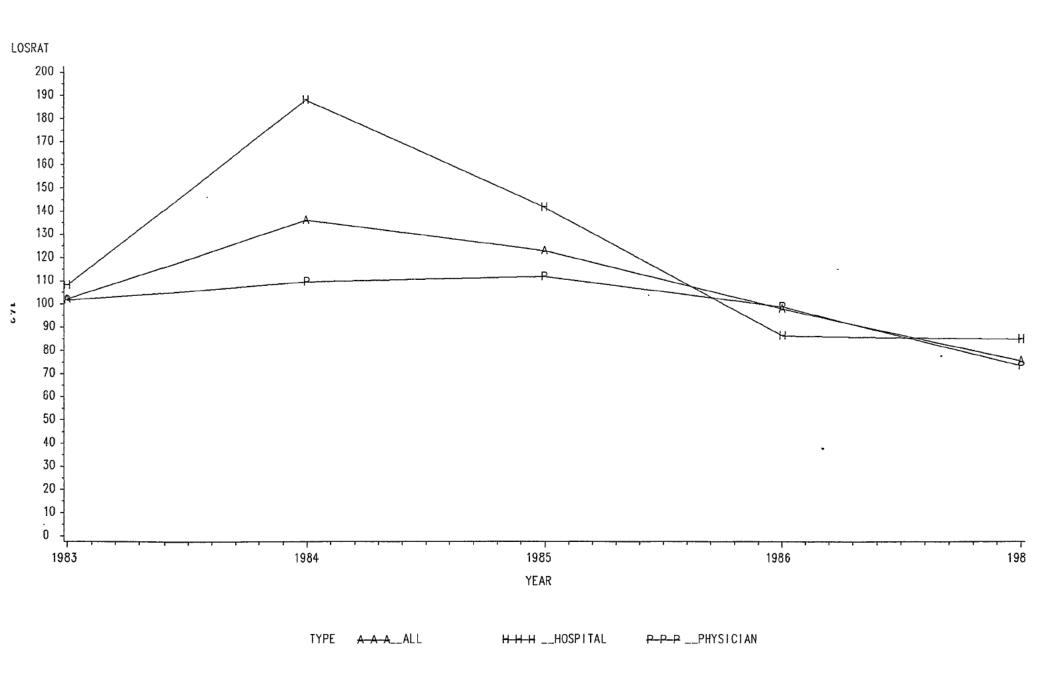
### Year-to-Year Changes Company Experience

The following graphs show year-to-year changes in the number of companies writing medical malpractice insurance in Missouri, loss ratios using losses incurred to premium earned, and the total premium written reported by company on the Page 14 Supplement. Premium written was chosen to show the volatility of the insurance market. These graphs were developed from data show in Table XII.

### NUMBER OF COMPANIES WRITING MEDICAL MALPRACTICE



### MEDICAL MALPRACTICE LOSS RATIO



## TOTAL PREMIUM WRITTEN FOR MEDICAL MALPRACTICE

